MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2196 CERTIFICATE OF DEATH 02157

	2100	OLIVINIO,	TIE OF BEATH	Reg. Dist, N	lo,
)	1. PLACE OF DEATH o. COUNTY Prince Severiss	MARYLAND	2. USUAL RESIDENCE (Where decease 9. STATE 9) 2 and Residence	d lived. If institution, Residence be	Horages
	b. CITY OR TOWN (It autside corporate limits, grite c. RURAL and give nearest Jown)	LENGTH OF STAY IN 16	c. CITY OR TOWN (It outside corpor	prote limits, write RURAL and give	nearest town
7	d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION COMES	Len Hosp	2201 Say	Gord Drive	e. IS RESIDENCE ON A FARM? YES NO NO
	3. NAME OF DECEASED (Type or print) U/RG/N/A	ELLA.	ADAIR 4. DATE OF DEATH	1 1	5, 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED	- Introduction	8. DATE OF BIRTH Nov-3, 1906	9. AGE (In years left NOER 1 YE. Months Doy	AR IF UNDER 24 HRS. Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b, KIN during most of working life, even it retired)	alternated Hos	Hol Washmigton	ountry) 12. CITIZEN	S.A.
	13. FATHER'S NAME William J. Eurt	is	14. MOTHER'S MAIDEN NAME	Payne	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no. or unknown) (If yes, give wor or dates of service)	cial security no. 17. 11	m Doris a. W	latson Brudlin	author Dr
	18. CAUSE OF DEATH [Enter only one couse persone for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or (0). (b). and (c).]	right breas		NTERVAL BETWEEN
	Conditions, if ony, which (b)		0		J
	gave rise to immediate cause (a), stating the <u>under-</u> lying cause last. (c)				
0	PANT II. OTHER SIGNIFICANT CONDITIONS CON 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(6	19. WAS AUTOPSY PERFORMED? YES NO
		BE HOW INJURY OCCURRE	D. (Enter noture of injury in Port 1 or Por	t (I of item 18.)	
	Hour o. m. While _	Not while of work	ACE OF INJURY (Home, form, 20f. (Citary, street, affice bldg., etc.)	y or town) (Count	y) (Stote)
	21. I certify that I attended the deceased alive on EDYNAMY 2 19 5		occurred at 5 45 AM, from	m No couses and on the c	
,	ACTUAL SIGNATURE TOWN R. A.C.	11 Sign	M.D. 800 New H	treet, city or town, store)	M. Feb 3, 1950
/	PHYSICIAN'S FOREST R. HA	RRISIL	Wash7, D.C.		
	Burla (Specify) Feb-6,1959	edar Hill	R.CREMATORY 224 TOCA	TION (City, town, or county)	Kind
	23. FUNERAL DIRECTOR'S SIGNATURE W.W. Ehambers 60 U	Jashington	PARE EB 5 '5		URE

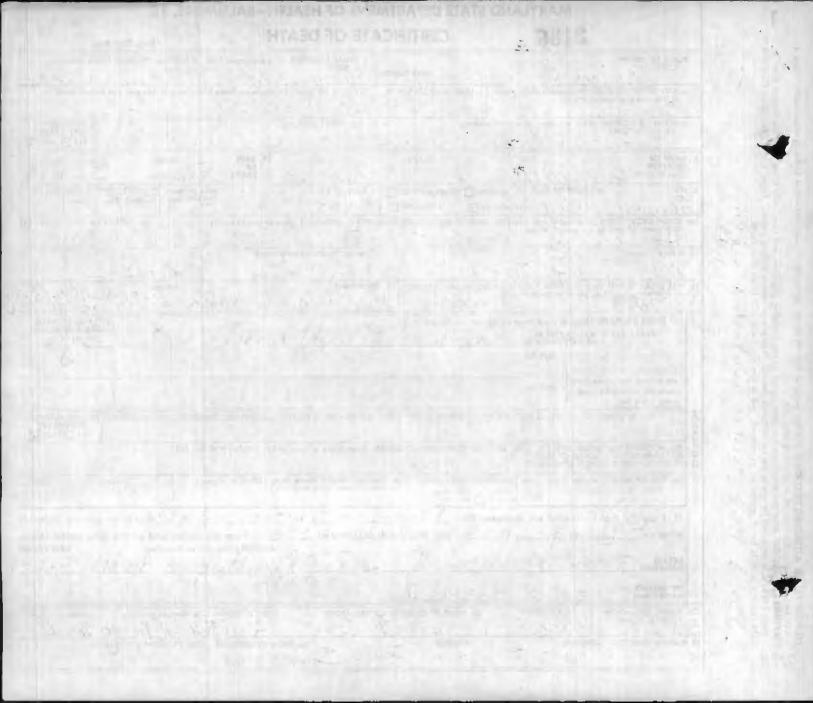
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be red by the hospital or attending physician.

TO FUNERAL PIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, generation, or removal, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55



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VS A15 (4) 15M 10/57

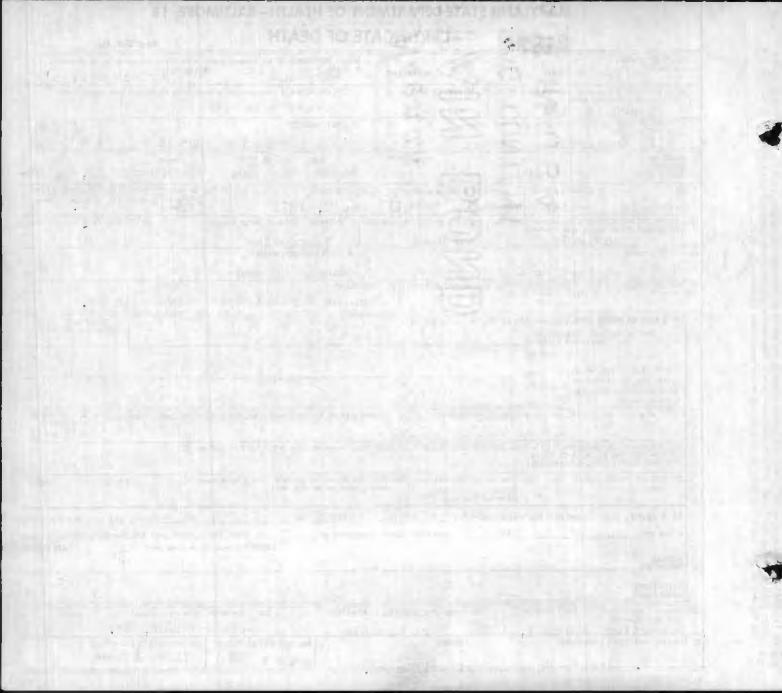
MARYLAND	STATE	DEPARTMENT	OF HEALTH	BALTIMORE, 18
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92158

	218	37	CERTI	FIC/	ATE OF L	PEATH			Reg. Dist	No.	,
1. PLACE OF DEATH O COUNTY Pr	ince Geor	rge's	MARY	LAND	O. STATE	yland	ere decease	d lived. If instituti b. COUNTY	on: Residence	before adm	re's
b. CITY OR TOWN (RURAL and give n Riverd	earest lown)	limits, write	c. LENGTH OF STAY		10	iverd		rote limits, write R	URAL ond gi	ve nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION		l, give street Str	oddress)		d. STREET A	0	kerma	n Stree	t	ON	ESIDENCE A FARM?
3. NAME OF BECEASED (Type or print)	Laı	first tra	May Middle		Adams	t	4. DATE OF DEATH	Feb	ruary	Doy 28,	Yeor 19 59-
5. SEX female	6. COLOR OR RAC	WIDOW			B. DATE OF BIRTI	1871		9. AGE (In years last birthday). 87.8841.		YEAR IF UN Doys Hour	
H	ON (Give kind of wo king life, even if reti ousewife	rk done 10b. red)	own Home	R INDU	Wi	scons	in	ountry)	12. CITIZ		AT COUNTRY?
	tewart Mo	2				MAIDEN N		1116			
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED F (If yes, give wor or dates 1) (of service)	SOCIAL SECURITY NO.		Beulah	Barth	olome	Add W Riv	erdale	Md.	
Conditions, if of gove rise to it couse (o), stating lying couse lost.	the <u>under-</u>	TO (b) TO (c)	elevora	my Dig	Eluf of a	lyp	er-	Labo	024		
3	Trour	lund	CONTRIBUTING TO DEA	Con	a				EN IN PART	1(o) 19. WAS PERF YES [FORMED?
	AS UNDERLYING CAUSE OF DEAT MEDICAL EXAMINE	R)	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature o	f injury in Pi	ort I or Port	t II of item 18.)			
ZOc. TIME OF INJUR Hour o. m. p. m.	RY Month, Day,	While	Not while of work		ACE OF INJURY II			or town)	(Co	runty)	(Stole)
21. I certify the alive an	and I attended the	he deceas	9	death VE	accurred at			the causes of the cause of the causes of the causes of the cause o	and an the	date sta	e deceased abave. DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) Crematio	n March	1, 19	Name of the latest the			/		mar Man			ote)
23. FUNERAL DIRECTOR	's SIGNATURE	na	ADDRESS	. 14	13	240. REC'D	100		STRAR'S SIGN		

Gasch's Sons Hyattaville Md



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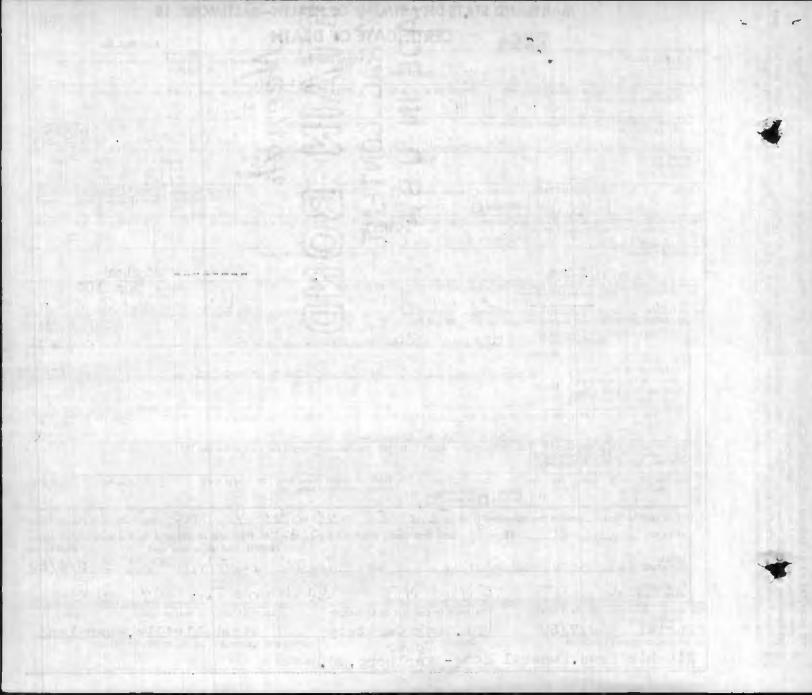
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	6643	02.11.11.10.11		Reg. Dist. I	Vo.
	1. PLACE OF DEATH o. COUNTY	7	2. USUAL RESIDENCE (Where deceased five		efore admission)
	Pr Georges Coun	MARYLAND	o. STATE Mary land	b. COUNTY P	COYDES
		LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give	
	RURAL and give nearest town)	42 Yrs	× Pural - Ha	1) Md	
	d. NAME OF HOSPITAL (If not in hospital, give street address		d. STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e. IS RESIDENCE
5	Upper Marlboro Ma R.F.J	D#280x 103 1	Upper Marlboro 1	1d R.F. D#2 Doyle	ON A FARM? YES NO
	3. NAME OF DECEASED	Middle	Lost 4. DATE OF	Month	Day Yeor
	(Type or print) Garland	Dioler 1	Hrnold DEATH	Feb	4 1959
	S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B. I	DATE OF BIRTH 9.	Local In Control of Control	AR IF UNDER 24 HRS.
	Male White WIDOWED	DIVORCED 🗌		7 2 yrs. Months Doy	s Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KING during most of working life, even if retired)	OF BUSINESS OF INDUSTR	11. BIRTHPLACE (State or foreign count	ry) 12. CITIZEN	OF WHAT COUNTRY
1	Farmer Gen		Maryland	U	S.A
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	Calvin Ezra Hy	rold	Alta Siz	seler Sigle	r
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	IAL SECURITY NO. 17. INFO	DRMANT	Address Box	103
	No 917-	-36-4389 Mis	s. Kellie Arnold U	oper Marlboro	M RED#3
	18. CAUSE OF DEATH [Enter only one couse per line for	r (a), (b), and (c).]	,	III C	NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	oral thro	m bosis		6 Weeks
	332X DUE TO				
	Conditions, if ony, which) (b) Gene	ralized A	rterioschlero	252	10 Year
	gove rise to immediate DUE TO				
	lying cause lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0	19. WAS AUTOPSY
)	PART II. OTHER SIGNIFICANT CONDITIONS CONT	Disease	2		PERFORMED?
			(Enter noture of injury in Port I or Port II	of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJUR	Y OCCURRED 20e. PLACE	E OF INJURY (Home, form, 201. (City or	town) (Coun	ly) (Stote)
	20c. TIME OF INJURY Month, Day, Year 20d. INJUR Hour o.m. 19 While of work	Not while of work	y, street, office bldg., etc.)		
	21. I certify that I attended the deceased f	7	10 HQ + Fat 11	10 50	
	alive an Jan 31 1959		ccurred at 5,35 PM, from II	, 19.37,that I last	saw the decease
	dive di Socialis, 19	.,_, and mar dearn of		ne causes and an the c , city or town, state)	date stated abave DATE SIGNE
	ACTUAL (1)	7	7005 TRY	L. TO LCE	0/4/50
	SIGNATURE W WILL	M.D	·	me ira se	2/4/59
1	PHYSICIAN'S W. SUIT TRITE	hie MID	Washingi	in 27	D.C.
	220. BURIAL, CREMATION, 27b. DATE THEREOF 220 REMOYAL (Specify)	. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION	V (City, town, or county)	(Stote)
		It. Oak Come	etery Mitc	hellville. !	Warvland
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Upper	240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNAT	TURE
	Ritchie Bros.Funeral Ho	ome- Marlbor	ro.Md DATEFEB 9 159	Outling & M.	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 funeral director, hould be filed with ined by the haspital or attending physician.

CLOR: After this certificate has been signed by the attending physician and campletely filled in the detached for use as the burial-transit permit. Then please remove carban papers. Pages I and prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNERAL DI the registrar

VS A15 (4) 15M 10/57

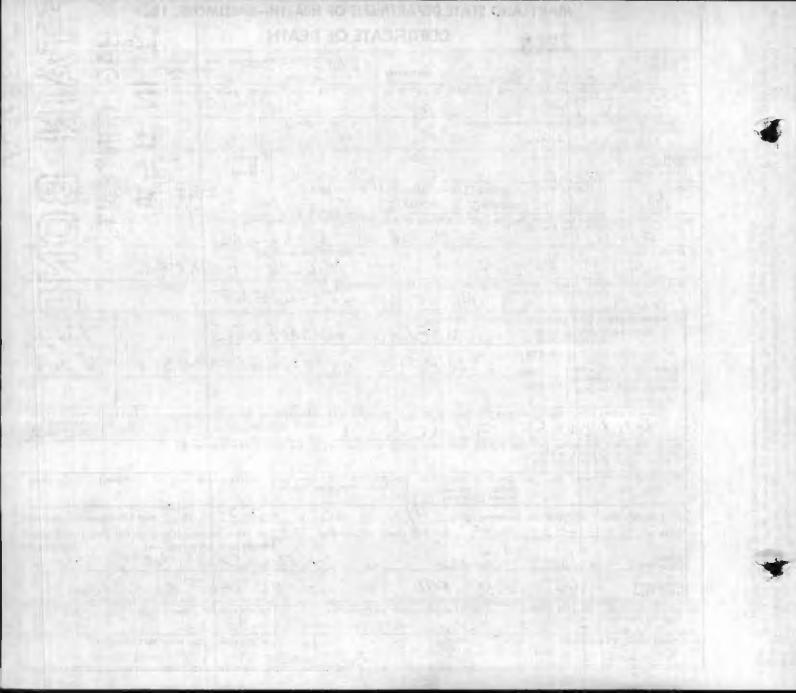


185

CERTIFICATE OF DEATH

02160

	2245	CERTIFICA	AIE OF DEATH	Reg. Dist	. No.
	1. PLACE OF DEATH O. COUNTY PRINCE GEORGES	CO, MARYLAND	2. USUAL RESIDENCE (Where dec	RICT COUNT CO	before admission) LOUBIA
	RURAL and give persent town DACE	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside a	corporate limits, write RURAL and gi	ve nedrest lawn)
7	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION DALE	HOSP.	d. STREET ADDRESS 427 DELAH	WARE S.W.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) HARRY	Middle E,	BAILEY 4. DA		Doy Year 19 59
	N WIDOWED	DIVORCED	8. DATE OF BIRTH / 79	The state of the s	YEAR IF LINDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIN during most of working life, eyen if retired)	OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State of foreign	ign country 12. CITIZ	of WHAT COUNTRY
	13. FATHER'S NAME WALTER BAILEY	•	MILLIE	FAIRFAX	92
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or ynhyour) (If yes, give wor or dates of service)	NO 17. II	DECED E	NT Address	Fail
	18. CAUSE OF DEATH Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er (o), (b), and (c).	THROMBO	515	INTERVAL BETWEEN ONSET, AND DEATH
	Conditions, if any, which (b)	FREBRAL	ARTERIOSC	LEROSIS	15 years
	gave rise to immediate couse (o), stoling the under-lying couse lost.				/
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS ON TO CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTION OF CONTRIBUTI	UBERCULE	0515		1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		BE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or	r Part II of item 18.)	
	ZOC. TIME OF INJURY Month, Doy, Year 20d. INJU While of work	_ Not while fee	ACE OF INJURY (Home, form, 20f. ctary, street, office bldg., etc.)	(City or tawn) (Co	unty) (State)
	21. I certify that I attended the deceased alive an	from 472/	occurred at 7314 M	from the causes and an the	ist saw the deceased
	ACTUAL SIGNATURE WY	in		SS (Street, city or town, stote) DALE HOSP,	DATE SIGNED
,	PHYSICIAN'S MOE WEISS	MD.	GLENN	DALE, MARY	'AND
	REMOVAL (Specify) 2-24/59	Boyels My	hodish Ch. 1.	OCATION (City town, or county)	Title!
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Prelleer	Stackey DATE P 2 5	1	NATURE



	hamber MARYLAND	CERTIFICA	TE OF DEATH	1		212	10		
	6188	Q2 1(111147			Reg. Dist	, No.			
1.	PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvland	ere deceased lived. If institu b. COUNT Prince Go	Y	e before admir	ssion)		
_	b. CITY OR TOWN (If outside corporale limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write		ve neorest law	m)		
	Cheverly	1 day	5 Hyattsvill						
	d. NAME OF HOSPITAL (If not in hospital, give stree or institution Prince George General	oddress)	d. STREET ADDRESS	dv St.		ON	SIDENC A FARM		
3.	NAME OF First	Middle	Lost	1	onth	Day	Yeor		
	DECEASED (Type or print) Finily	Jane		OF		01	*		
i.	SEX Female 6. COLOR OF RACE 7. MAI		Barnes B. DATE OF BIRTH	9. AGE (In year	e b	YEAR IF UND	19 5		
	White Whov		18 Nov 1870	last birthday)	Months [Days Hours	1		
00	a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS			12. CITIZ	EN OF WHA	T COUN		
	Housewife	At home	Washing	ton, D.C.		USA			
3.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
John Walker Mary McKay									
5	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	NFORMANT	Ac	idress Fa.1	le Char	*Ah		
(Ye	No Wone			ironimus, 662	5 W411	aton P	lace		
_				21 02122 7 7 7 7 7	0 11222				
	18. CAUSE OF DEATH [Enler only one couse per	0	0	,		ONSET AND	ETWEEL DEAT		
PART 1. DEATH WAS CAUSED BY: Core on vaca les Des Olice!							XRy		
Conditions, if ony, which (b) Sence by a when yeland									
Conditions, it ony, which) (b) Senere by ea De Ren volato									
)							
couse (o), stoling the under.									
z	(()	CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMI	NAL DISEASE CONDITION O	IVENI INI DART	1/-1 10 WAS	AUTOR		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS PERFORMED?								
						YES [NO		
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF THE REPORT OF THE PROPERTY OF								
SAL	20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, form	, 20f. (City or town)	(Co	unty)	(Sto		
WED	Hour o. m. While	Not while	tory, street, office bldg., etc.	1					
È									
	21. I certify that I attended the decea		, 19 1 , to 1	CE & YAC, 195	that I lo	ist saw the	dece		
	alive on 186 2 741 , 19	II, and that death	occurred at 1181	_M, fram the causes	and on the	e date stat	ed at		
	5.6	,		ADDRESS (Street, city or town			ATE SI		
	SIGNATURE / (JC)	a Den	M.D. 1311 Gal	latin St, Hyat	terd 11	MA 9	1/01.		
		· ·	11:50 month platein a hill Blate.	THE WALLET LOUIS OF THE PARTY.		ے۔ جاناتا۔ د	1-24		
	PHYSICIAN'S TO THE TOTAL TOTAL								
	NAME (Type) Dr. Till Bergen	iann w b							
72-			D CBCMATORY	204 LOCATION ICIA					
220	o. Burial, CREMATION, REMOVAL (Specify) Burial Feb. 28th, 1959	22c. NAME OF CEMETERY OF	-	22d. LOCATION (City, lown Washington,		(Sto	ite)		

246. REGISTRAR'S SIGNATURE

24a. REFERY REGISTRAT

DATE

VS A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE W.W. Chambers Company, Riverdale, Md.

SEPTEMBERS OF THE PROPERTY OF A P III. of other at the second a a second second Manufacture of the second of t CHIE ALL STANDARD CONTRACTOR OF THE STANDARD CON Fig. 1. Her CHANGE BE SENDED TO BE SENDED TO S and the state of t M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

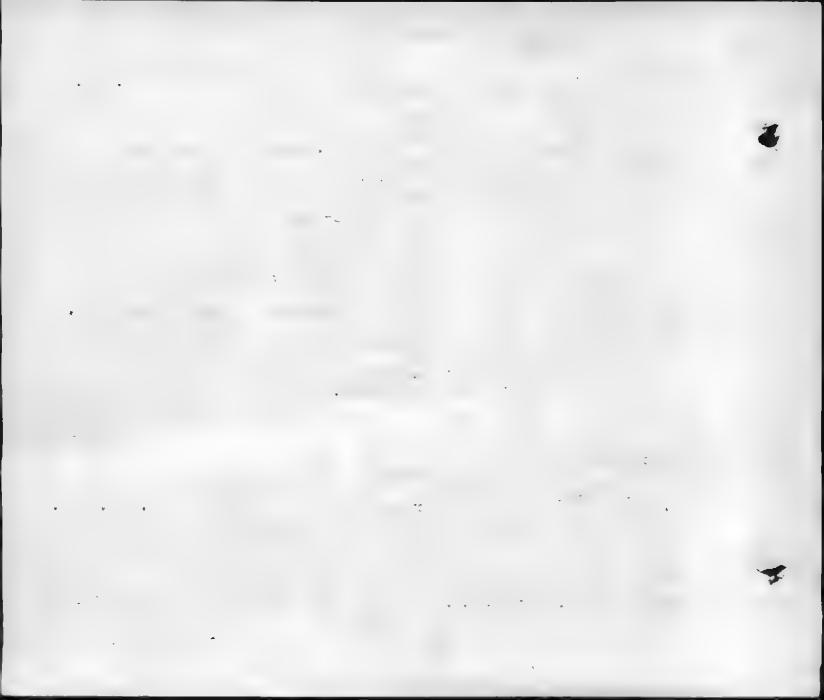
02162

4183	Reg, Dist, No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
o. COUNTY Prince Georges MARYLAN	o STATE Maryland b COUNTY Pr. Geo.
b. CITY OR TOWN It outside corporate hims, write BURAL and give nearest lown!	
Riverdale 5 days	Laurel
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	STREET ADDRESS e S RE IDEN F ON A FARM?
Leland Memorial Hospital	Rt. 2, Box 156 A Pine Street YES NO
3. NAME OF First Middle DECEASED	Last 4 DATE Month Doy Year
The state of the s	owsky DEATH February 26 1959
S. SEMA 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DI	faul birthday! Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BLSINESS OR INDI	11-23-1917 41 YES
during most of working life, even if retired)	1 1 Cn
13, FATHER'S NAME	OKlahoma USA
Stephen Barowsky	Stella Schalsky
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	INFORMANT Address
(You, no, or ordinawn) (If you, give wor or dates of service)	Hospital Records; Leland Memorial Hosp.
W CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	Hospital Records Seletta Memorial Hospe
PART I. DEATH WAS CAUSED BY:	e and shock
	e and shock
8/2 X DUE TO	ferior vena cava, laceration of
The same state of the same of	Transfer of the second
(e), stating the underlying DUE to liver and right k	raiey.
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS ALTOPSY
	PERFORMED?
205 DESCRIBE HOW BUILDEN OCCURRED	(Enter nature of injury in Part I or Part II of Item 18)
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE PROPERTY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED HIT by automobil	
3 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e 1	LACE OF INJURY (Home, form, 120f. (City or lown) (County) (State)
1 % 1 % ANY OKAL EMPLIED 7 197916 150 MINIO 1 1	ghway Laurel Pr. Geo. Md.
21. I certify that I took charge of the remains described a	
opinion death resulted from: Natural causes, Acciden	
	ALTE MANUFA
SIGNATURE SOMM - Walancy	DATE SIGNED
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER February 27, 1959
220. BURIAL, CREMATION, 226 DATE THEREOF 220. NAME OF CHMETERY	OR CREMATORY 72d LOCATION (City, town, or county) (Slote)
Dunil March 2, 1959 St M	eup Cem. Lawel Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
New in Manufactor, Name	My DATEMAR 3 '59 C day of traces

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the CE ficate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be a founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained from files.

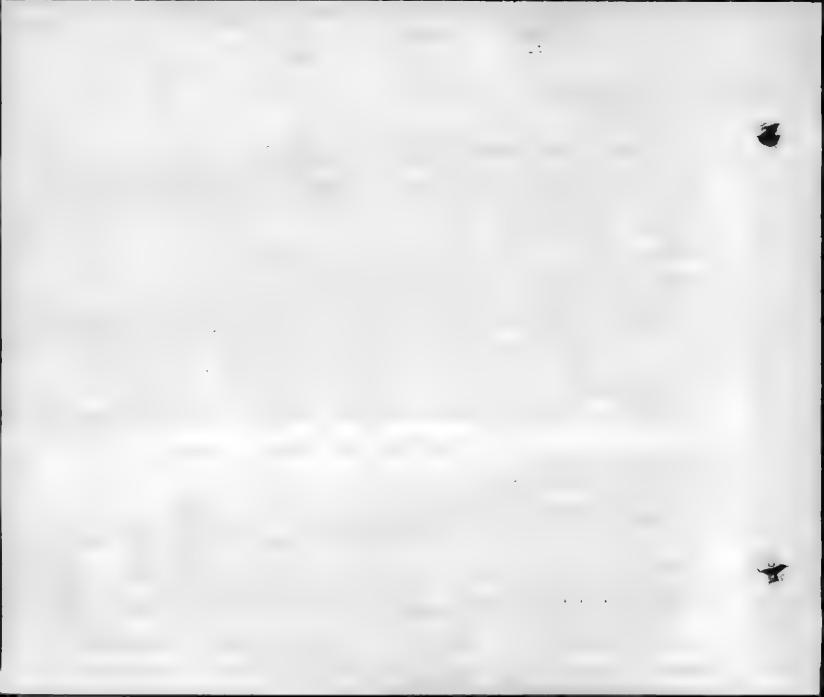
TO FUNRAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 which is State 1 and of Arabith, or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours often death. VS A15MII 5M 2/57

400



hours

VS A15 (4) 15M 9/55



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retaing by the haspital or attending physician.

TO FUNERAL DE CTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shaules be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2246 CERTIFICATE OF DEATH

02164

22	246
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Rea. Dist. No.

	1 PLACE OF DEATH . STUCE GEORGE MARYLAND	a. STATE Mary Could b. COUNTY Prince Glerry
f	b CITY OR TOWN (If outside corporate limits, write (c./ENGTH OF STAY IN 1b RURAL and give nearest (own)	c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
	camp JA was IT years	Camp Springs
)	d NAME OF HISSPITAL (If not in hospitol, grys street oddress) OR INSTITUTION 5710 Allentown Road	57/0 Allentown Ret 9. IS RESIDENCE ON A FARM? YES NO 12
	3 NAME OF First Middle	Lost 4. DATE Month Day Year
	(Type or print) Barnes Sompton	2 BEALL DEATH 2 3 1959
	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Wonths Days Hours Min
	19a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired) 17 LT 17 LQ 18 WWW.	11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY?
	13 FATHERS NAME Richard Samuel Beall	Virginea B. Crandal
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 (Yes, no or unknown) (H yes, give yor or doles of social) 15 77-24-4243	Pichard E. Beall Camp Spring
	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions. if any, which gove rise to immediate cause (a), stating the under-lying cause last. DUE TO [b] DUE TO [c]	ma of stomach onser and Death instracis to Liver Lyears
ę	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES
	206. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m While Not while of work at wark	ACE OF INJURY (Home, form, clary, street, office bldg., etc.) 20f (City or tawn) (Caunty) (Stote)
	21. I certify that I attended the deceased from 1/-3 olive on 1/-3, and that death	The state of the s
· ·	SIGNATURE VELLS ALLES	ADDRESS (Street. city or town, state) ADDRESS (Street. city or town, state) DATE SIGNED ADDRESS (Street. city or town, state) 2-3-5
ĺ	PHYSICIAN'S Peter DUUS	Capitol Keights Md.
	220 BURIAL CREMATION. 226 DATE THEREOF 220 NAME OF CEMETERY C	OR CREMATORY 22d LOCATION (City, Jown, gricounty) (State)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5/1/	240. REC'D BY REGISTRAR 24b REGISTRAR S SIGNATURE LINE PLB 6 39 Living 8. Process



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2191 **CERTIFICATE OF DEATH**

•			fì	2	1	65
Rec	Dist.	No			_	

	707					Reg. I	ist. No.	
1. Place of DEATH d COUNTY Prince Georges		MARYLA		usual residence (who state Warvland		b. Prince Ge		dmission)
b. CITY OR TOWN (If outside corr RURAL and give nearest town)	parate limits, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF o			-	lgwn)
_ Cheverly		25 Minut	es /	Hvattsvi	lle.			
d. NAME OF HOSPITAL (If not in OR INSTITUTION	haspital, give stree	t oddress)	1	d STREET ADDRESS			C	RESIDENCE ON A FARM?
Prince Georges				530li 'Ha	milton S	t.,		S NO
3. NAME OF DECEASED (Type or print)	First	Middle Gr	_	l.erst	4. DATE OF DEATH	Month	Day	Yeor
	Lester			erry		Feb.	15	19 59 INDER 24 HRS
		RRIED NEVER MARRIED VED DIVORCED [4TE OF BIRTH	9 AC	GE (In years IF UNDE it birthday) Months		MIN MIN
100 USUAL OCCUPATION (Give kind during most of working life, eyer	of work done 10	. KIND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (State	or foreign country	12. C	ITIZEN OF W	HAT COUNTRY
	ovt	Printer		Virgin	ia		US.	A
13 FATHER'S NAME			14	. MOTHER'S MAIDEN N	IAME			
Elliott Ber	ry			Edna	?			
15, WAS DECEASED EVER IN U \$ AI {Yes, no. or unknown} (If yes, gave wor	RMED FORCES? 10 or dates of service)	S. SOCIAL SECURITY NO.	17. INFO	RMANT		Address		
yes 1915 to 1	916	none	Ida	a V Berry	Hyatt	tsville, N	id.	
Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause lost.	DUE TO (b) DUE TO (c)	nteno s		erotu	HR.	dese as	4.	
CATE		CONTRIBUTING TO DEATH	1 BUT NOT	KETATED TO THE TERM!	NAL DISEASE CON	IDITION GIVEN IN PA	PI	REORMED?
OR CONTRIBUTING IT CAUSE C	NG 206 DE OF DEATH AMINER)	SCRIBE HOW INJURY OCC	URRED. (E	nter noture of injury in f	art I or Part II of	item 18.)		
20c. TIME OF INJURY Month, Hour a. m. p. m.	White		le. PLACE (factory,	OF INJURY (Home, form, street, office bldg, etc.	20f. (City or to	wn)	(County)	(Stole)
21. I certify that I attentative on 2-15	ded the deced	_ '//		., 195 8, 10 2 curred at 8:051	M, from the			
PHYSICIAN'S NAME (Type) Dr. Geor	ge Hages	ger .	w-marker _	Cott	age City	, Md.		
ZZo. BURIAL, CREMATION, 226 DAT REMOVAL (Specify)	59	Ft Lincob				City, town, or county)		(Stote)
23 FUNERAL DIRECTOR'S SIGNATUR		ADDRESS		24a. REC'I	BY REGISTRAR	246 REGISTRAR'S S	IGNATURE	
F. Gasch's S	ons Hy	attsville M	d.	DATE	4 0 150	0 .1 0	1	



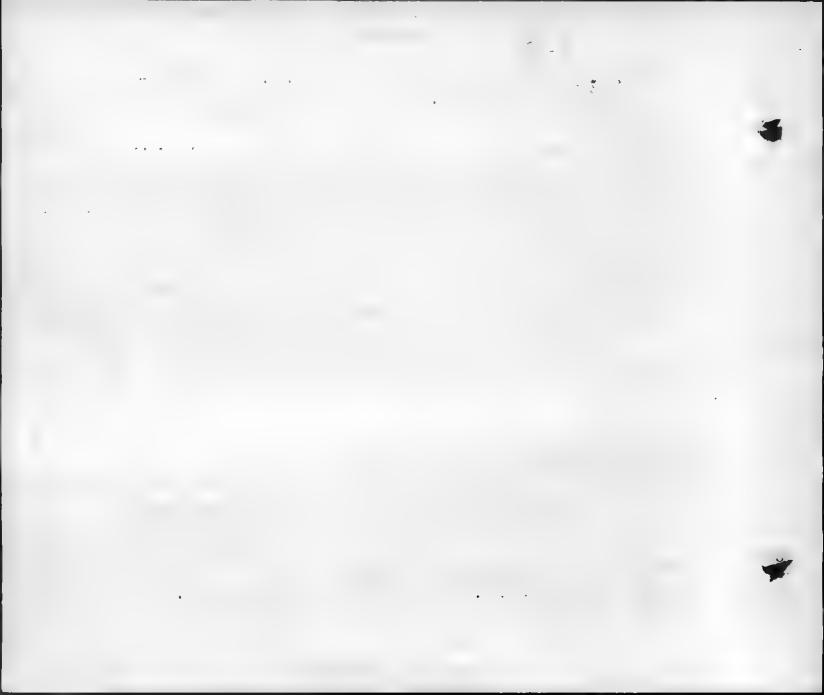
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical be

VS A15 (4) 15M 10/57

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- Pilh - co		a
Sol winder	ath.	
	haury offer der	I
ביים אוליים	nd in any event within 72 haurs	
	event	
-	in any	
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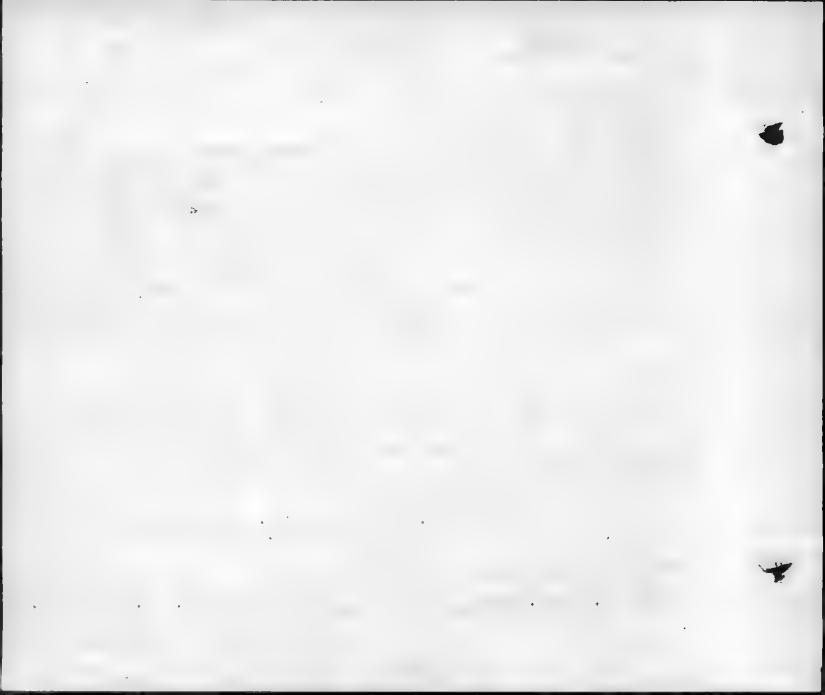
emecutall within 24 haurs after death. Page 4

	613	2	CERT		IL OI	PLAII			Reg.	Dist. No) .	
1 PLACE OF DEATH o. COUNTY					2. USUAL RE	SIDENCE (WI	iere decease	d lived. If institut	lion Resi	dence bef	ore admiss	tion)
Princ	e Georges		MAR	YLAND	a. STATE	D. (C.	b. COUNT	Y			
b. CITY OR TOWN (If or RURAL and give near	itside corporate limi	ts, write	c. LENGTH OF STAY	6.IN-16	c CITY O	R TOWN (If o	outside corpo	rote limits, write	RURAL o	nd give ne	earest town	n)
Glenn Da	le (rural)	davs	× ++		Wasi	hingto	าท	47	Ų.		
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g	ive street			d. STREET	ADDRESS		/es		<i>y</i> .	e IS RES	
27 D 00	le Hospit	al				1636 H	illsid	e Bd S	3. E	#3		FAPM?
3 NAME OF	Fir	st	Middle	e		lost	4. DATE	Mo	nth	<i></i> D		Yeor
(Type or print)	R	osa	Tee		_	rrv	OF DEATH)		- 0	19 59
5. SEX 16			IED X NEVER MARR	IFO T 8	DATE OF BI		.1.	9. AGE (In years	IF UNE	DER I YEA	R IF UND	
Female	Negro	WIDOWE			7/2	1./15		last birthdoy)	Month		Hours	Min.
10a USUAL OCCUPATION	(Give kind of work	Ione 10b.		OR INDUST	RY 11. BIRTH	IPLACE (State	or foreign o			CITIZEN	OF WHAT	COUNT
during most of working Domestic	lite, even if refired		Davs worl	-		Georg:						
13. FATHER'S NAME			Days WOLD	S	14. MOTHE	R'S MAIDEN N	MR 767			USA		
Arthur Ac	lame					Anna Pi	rice					
15. WAS DECEASED EVER IN	U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. IN	FORMANT	FILIG 1 1	TCG	Ado	dress		-	
(Yes, no, or unknown) (If y	es, gave war or dates of s	Raice]	Unknown	D.	ecedent	-						
	[Fotor only one so	use per lir	ne for (o), (b), and (c)		cedem	U	-			LINI	TERVAL BE	TWEEN
PART I. DEATH	WAS CAUSED BY	1	20 LMONI	DRI	1 m	ROD	COL	OSIS			ISET AND	DEATH
00 x x "	MEDIATE CAUSE (o		0 0-1010	707		Dell		.00:3			20'	40S
	DUE TO			- /								
Conditions, if ony, gove rise to imm	ediote (
couse (o), stoling the lying couse lost.												
	SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT L	OT DELATED	Zon This TERM	DATE DISTAC		100 - 10 - 10		20 14440	11/200001
5 000			ONALE	AIN BUILK	IOI KELATED	10 INE IERWI	NAL DISEAS	E CONDITION G	VEN IN P	'ARI 1(0)	PERFO	PRMEDZ
20- ACCIDENT WAS I			, , , , , , , , , , , , , , , , , , , ,	ACCUIDED.	45	A 1 1 1 1	0 . 1 . 0	15 . 6 % . 20 %			YES 📑	ио 🔀
PART II OTHER 200 ACCIDENT WAS IN OR CONTRIBUTING IN IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	200. DESC	TRIBE HOW INJURY C	ACCORRED.	(tnier nature	o ot injuty in I	Port I or Port	f II of item 18.]				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes		NJURY OCCURRED	20e. PLAC	CE OF INJURY	(Home, form	, 20f. (City	or town)		(County))	(Stole
Hour o.m.	19	While at work	Not while	rocio	ory, street, on	ice bldg., etc.	-1					
21. I certify that	Lattended the	decens	nd from	2/7	19	58 to	2/18	, 19_5	Q ₄ L ₄	Llasta	(b	1
alive on	2/18	419					1 AA E	n the couses	A	I lost s	aw me	ueceas
3,1,1	1	-/	,,,,, ond mor	Geom	occorred c			rre couses treet, city or town		ine ac		ed abov Ate sign
ACTUAL SIGNATURE		INC.	M					le Hospi				/KQ
	****	V		M	D		7111 174	10 110001			CLT01	->X
PHYSICIAN'S NAME (Type)	loe Weiss	, M.	D.			Gle	enn Da	le, Md.				
229 BURIAL FREMARION.	226. DATE THEREO	F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or count	у)	(Stot)	e)
BUTTER BUTTER	2-15-	4761	2-24-59	Arli	ngton	Natl.		ington,			ia	
23 FUNERAL DIRECTOR'S SI	GNATURE		ADDRESS		1 -	240. REC'I	D BY REGIST	-				
Palmer-	Files Ho	me	11/13/	451	118	DATED	20 '59	, ,	. 0	do		



VS A15 (4) 1SM 10/57

	MARYLAND	Item 7 ria	RTME	NT OF HEALTH	-BALTIM	ORE, 18		0011
	2193	CERTI	FICA	E OF DEATH		Reg	g. Dist: No.	'Alu
1. PLACE OF DEATH COUNTY		MARY		. USUAL RESIDENCE (WHO STATE Mary band		COUNTY	ince Geo	
b CITY OR TOWN (If outside co RURAL and give nearest town)	rporote limits, write	6 LENGTH OF STAY	IN 1b	COTY OR TOWN (IF o	sulside corporate lim			
d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospital, give street	oddress)		d STREET ADDRESS	han Dand		C	RESIDENCE
Prince George	General I	Iospital Middle		3401 Chai	ham Road	Month		S NO Year
(Type or print)		WIIGOIG	D)		4. DATE OF DEATH		Doy	19 r
	OR RACE 7 MARR	NEVER MARRIE	ED 🔲 8-2	/26/1476	9 AG	E (In years IF UI belbday) Mor	NDER FYEAR IF L	-
10a USUAL OCCUPATION (Give kinduring most of working life, evi	nd of work done 10b	KIND OF BUSINESS OF	R INDUSTR	11 BIRTHPLACE (Stote	or foreign country	1:	2. CITIZEN OF W	HAT COUNTR'
Housewife 13. FATHER'S NAME LIMICAL 13. FATHER'S NAME				Virgini 14. MOTHER'S MAIDEN N			Uni.ted	States
15 WAS DECEASED EVER IN U. S (Yes no or unknown) (If yes, give an	ARMED FORCES? 16 or or dates of service)	SOCIAL SECURITY NO	7/LE	E. fa the	Hanck	Address	3H. 1. 1.	24 4
18. CAUSE OF DEATH (Enter PART I. DEATH WAS C, IMMEDIAT 172 X Conditions, if ony, which		refor(o), (b) fond (c).)	Frei	falle	elen-	r	INTERVA ONSET	L SETWEEN
gave rise to immediate cause (a), stating the <u>underlying cause last.</u>	DUE TO	deno c	an	. sthe	Corp	all, l	clen	
PART II. OTHER SIGNIFIE 200. ACCIDENT WAS UNDERLY OR CONTRIBUTING [] CAUSE (IF EITHER, NOTIFY MEDICAL E	CANT CONDITIONS C	CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN	PI	AS AUTOPSY REORMED?
	OF DEATH XAMINER) 206 DES	CRIBE HOW INJURY OF	CCURRED. (Enter nature of injury in I	Port I or Part It of i	tem 18.)		
20r TIME OF INJURY Month, Hour o.m. p. m.	Day, Year 20d II While at work	Not white	20e. PLACI foctor	OF INJURY (Home, form y, street, office bldg., etc.	20f (City or low	rn)	(County)	(Stole)
21. I certify that I atterally alive an Feb. 13	nded the decease	ed fram Feb. 7 59, and that	death a	ccurred at 1:15A		causes and		tated abov
	hn S. Hang	zht /		3306 Rhod	-Island.	AveM	Raini	ar Vd.
229 BURIAL CREMAT ON, 226 DI	17 59	ZZc NAME OF CEME	TERY OR C	REMATORY	22d. LOCATION ((State)
23 FUNERAL DIRECTOR'S SIGNATU	RE & & L	ADDRESS - 204	ali,	240-REC'S	by registrar 17'59	24b. REGISTRAR	S. Harre	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ا ا		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
STATE		Reg. Dist. No.
TH DEPT.	1, 7	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 5. COUNTY (1)
		STATE Maryland STATE Maryland 6. COUNTY Prince Borner
	b	CITY OR HOWN (If outside corporate film is, write RURAL and give nearest town) ord give nearest fown) c. CITY OR TOWN (If outside corporate film is, write RURAL and give nearest town)
No.		Silver Hill 27 year X Silver Hill
121	0	NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS e IS RESIO NOE ON A FARM
		4611- Branch Commune 4611-1 Franch Charance VES NO IN
	3, 1	NAME OF DECEASED A DATE Month Doy Year
		DECEASED (Type or print) Ellen Cotherene Boyd DEATH 7-ch 14 1959
	5. S	lead both day
	17	tennale white WIDOWED DIVORCED Diene 14, 1874 84" yrs. Months Days Hours Min
		. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BATHRIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	"	Houseunte Coron Hone Dutiet & Calembra 76, 5 a
	13.	FATHER'S NAME
		John Holger huknown.
	15.	VAS DECEASED EVER IN U. S. ARMED FORCEST 16 SOCIAL SECURITY NO. 17. INFORMANT Address
		No Williams Land to to
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
		PART I. DEATH WAS CAUSED BY. Ocate con gesting heart forler (
		442 X DUE TO 0
		(Conditions, if any, which) (b) Cardio racular Renal des e a 1
		gave rise to immediate couse (a), stating the underlying DUE TO
		coute lost. (c)
	20	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ş	13	YES NO D
	RTIFI	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING O
	1 CE	PRIMARY Der CONTRIBUTING DE CAUSE OF DEATH.
	WEDICAL	20c, YIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20c PLACE OF INJURY (Home, form, 20f, (City or town) (County) (State) Hour e.m. While Not while
	MEE	Hour e.m. While Not while rectory, arrest, arrive day, etc.) p m 19 of work of wark
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
		opinion death resulted from: Notural couses 2, Accident , Suicide , Hamicide , Undetermined manner
		1063
and the		ACTUAL A DATE SIGNED M.D. CHIEF MEDICAL EXAM NER [] DATE SIGNED
N. Same		EXAMINER'S ASSISTANT MEDICAL EXAMINER THE
		HAME ITYPE DEPUTY MEDICAL EXAMINER 13 Feb 14, 1959
	220	BURIAL CREMATON 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY, 27d LOCATION (City, town, or county) (Stote)
		BURIAL 12-17-1997 MT. CLIVE WASHINGIUN DE
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE FFR 1 09 CITCLE 1. There is the state of th
	1	EE. FUNERAL HOME. 300. 4 th ST. N. E. DATE FEB 1 1 09 Command 3. Thomas
	-	the state of the s



VS A15 (4) 15M 10/57

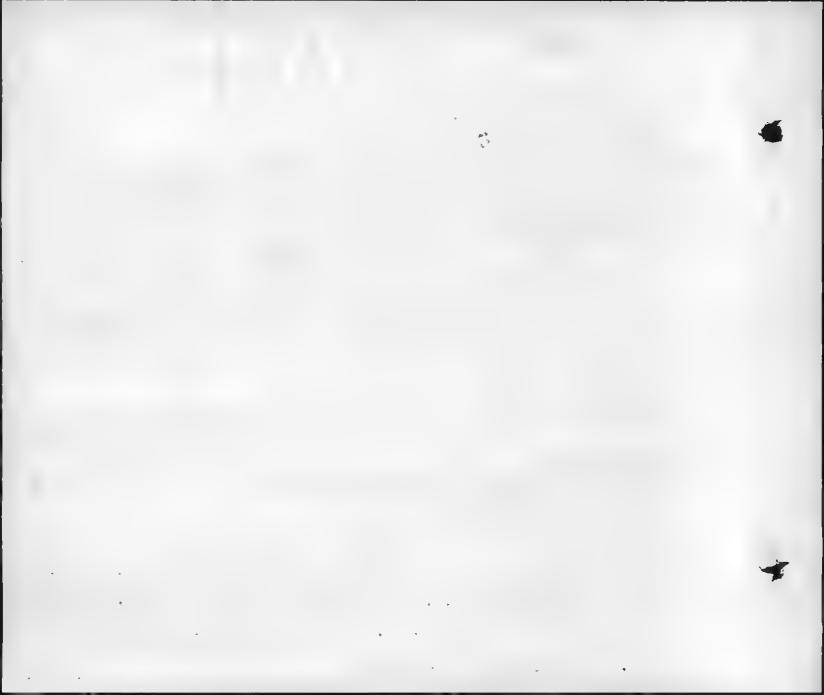
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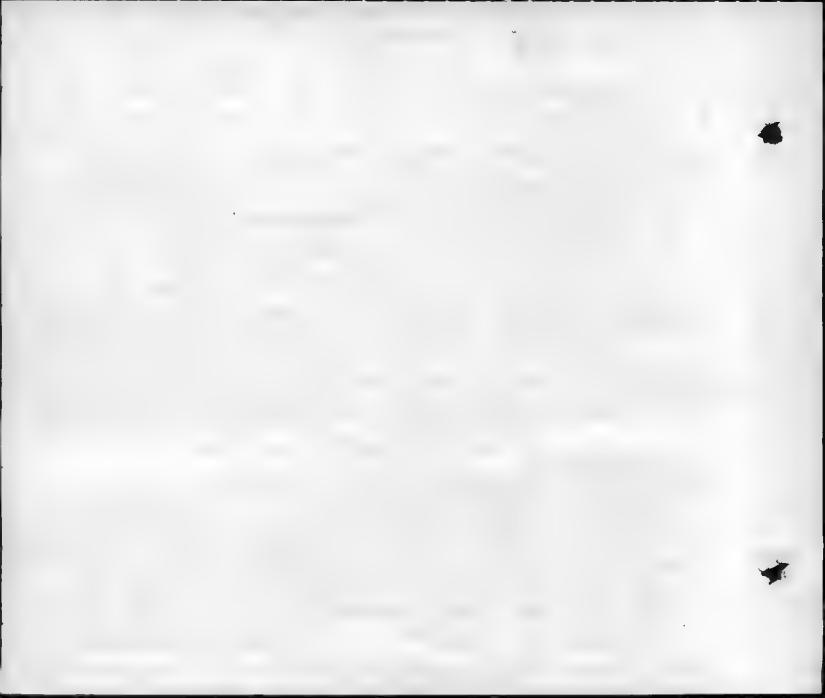
2195

Reg. Dist. No.

	7.7							MARI DIT	1, 110.	
1. PLACE OF DEATH g. COUNTY			- 11	2. USUAL RESID	DENCE (Wh	ere deceased	lived. If institute b. COUNT		e before od	musion)
Prince Goor	208	MARY	/LAND		Maryl	land	D. COOI41	Prince	Geor	rans
b. CITY OR TOWN (If outside corpor RURAL and give nearest town)		c. LENGTH OF STAY	IN 1b	c. CITY OR I	OWN (IF or	utside corpor	ote limits, write			
Cheverly		2_davs	- V	Hvatts	sville	9				
d NAME OF HOSPITAL (IF not in he OR INSTITUTION	spital, give street o	oddress)		d STREET A	DDRESS				01	RESIDENCE N A FARM?
Prince Georges C	eneral H	ospital		5701 H	amilto	n Str	eet		YES	□ NO □
3. NAME OF DECEASED (Type or print)	First	Middle	,	Los	f	4. DATE OF DEATH	-	onth	Day	Year
		Beal e		Brann			Febr	al-Selection of the Selection of the Sel	25	19 50
		IED NEVER MARRI		DATE OF BIRTI			9 AGE (In years lost birthday)	Months	Days Hou	NDER 24 HRS
Tale White	<u> </u>	- w		9/30/	() /		_ <i>6</i> /9/68 ⁿ	1		
100 USJAL OCCUPATION (G ve kind of during most of working life, even if	retired)		OR INDUST			_	untry)			HAT COUNTRY?
Carpenter (Retire	<u>d</u>]	Self			<u> </u>			- Uni	ited. S	tates_
13. FATHER'S NAME				14 MOTHER'S	MAIDEN N	IAME				
James Payr	ie Brann			Len	a Dun	away	Brann			
15 WAS DECEASED EVER IN U. S. ARM	ED FORCES? 16.	SOCIAL SECURITY NO), 17 INF	ORMANT			Ad	dress		~
(1) yet, gos wer or	ocies or territory		Do	rothr I	T Table	Danc	hter	Adire	ss Sar	10
18. CAUSE OF DEATH [Enter only	one couse per lin	e for (a). (b). and (c)] .	*						BETWEEN
PART I. DEATH WAS CAUS	ED BY:	Mulitas	Eles	/					ONSE! A	ND DEATH
1 1/ 2 1	DUE TO	/ /			1					
	. 2	annha		: /	111					
Conditions, if ony, which)	(b)	1010100g	anu		un	uni	mia		<u> </u>	
couse (p), stoting the under-	DUE TO									
lying couse lost.	(c)									
PART II OTHER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION G	VEN IN PART	1(a) 19. W	AS AUTOPSY
PART II OTHER SIGNIFICAL										RFORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UTF EITHER, NOTIFY MEDICAL EXAM	DEATH 20b. DESC	RIBE HOW INJURY O	CCURRED	(Enter noture o	f injury in P	ort I ar Part	II of item 18.)		1	
THE EITHER, NOTIFY MEDICAL EXAM	MINER)									
20c. TIME OF INJURY Month, Di		UURY OCCURRED	20e PLAC	E OF INJURY	Home, farm,	20f (City	or town)	ĮC.	ounty)	(Stoře)
Hour o m.	While of work	Not while	racio	ry, street, office	blag , etc.	'				
21. I certify that I attende		- m	2.3	10 5 9	10 0	2. 12.	Ž . 19 Q	That I le	net easy t	ho danaand
glive on February 25	,		al a sela a							
dive out ettritizely 2	//2×2	i≆, and mar	aeain c	iccurred ar			the causes		e date st	
1	4	121				,	eet, city or town			DATE SIGNED
SIGNATURE COM	Okan	and mo	M	o. <u>3408</u>	Rhoc	de Is	land A	ve Mt	.Rani	er, Md.
PHYSICIAN'S _		. \.						25.	~ .	7
	Levits	ky Malla		3408	Rhog	ie is	land A	ve Mt	. Kanı	er, Ma.
220. BURIAL CREMATION, 226. DATE		22c. NAME OF CEM	ETERY OR	CREMATORY		22d LOCAT	ION (City town,	or county)	(5	Stote)
Burial 2-26	-59	Baptist	Ch.	Cemete	ry	Farn	ham, V	irgin	ia	
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			24a. REC'D	BY REGISTI	RAR 246. REG	ISTRAR'S SIG	NATURE	
James T. Rvan Fr	20 377	Do Arro	OF T	200	DATE F	EB 27	59 (arthur &	House	
odines Tell Adil Ti	1c. 317	Pa.Ave.	الثاثيو	14.5	DATE			1 20		



death.



funeral director, ould be thed with

by the hospital or attending physicion.
CTOR: After this certificate has been signed by the ottending physician and completely filled in by eletached for use as the burial-transit permit. Then please remove carbon papers. Pages I and it to burial, crematian, or remaval, and in any event within 72 hours effet death. moy be reloined TO FUNERAL D

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN; The faw requires that the death certificate be executed within 24 hours after deoth: Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2196

Reg. Dist. No.

1	ţ	1)	1	7	ţ.
		Feet	1	€.	K,

C. CITY OF TOWN Goulde corporate limits, write Light Light	1. PLACE OF DEATH O. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (Wher	e deceased lived. If institution Prince	n: Residence before o icorge	dm ssion)			
3. NAME OF DECEASED PRINT SITUAL COCUPTION (Give kind of work down) for kind of work down) for kind of work down of work of white Deceased	b CITY OR TOWN (If outside corporate limits, write		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
DECEASED (Type or print) 5 SEX Male 6. COLOR OR RACE 7. MARRED NEVER MARRED 0 DATE OF BIRTH 7. AGE (In year) E ULDER YEAR E UNDER 22 HES Male 100. USUAL OCCUPATION (Inv kind of work done) 100 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Isola or foreign country) 12 CITIZEN OF WHAT COLINEY? U.S. A 13 FATHER'S NAME 7. Breeden 15. WAS DECEASEDEVE IN U. S. ARMED FORCES? 15. SOCIAL SECURITY NO 17 INFORMANT 17 INFORMANT 18 INFORMANT 18 INFORMANT 18 INFORMANT 18 INFORMANT 18 INFORMANT 18 INFORMANT 19 INFORMANT 19 INFORMANT 18 INFORMANT 19 INFORMANT 19 INFORMANT 19 INFORMANT 18 INFORMANT 18 INFORMANT 19 INFORMANT 18 INFORMANT 18 INFORMANT 18 INFORMANT 18 INFORMANT 18 INFORMANT 18 INFORMANT 19 INFORMANT 18 IN	d. NAME OF HOSTIAL (If not in hospitol, give street	oddres) Hospital		Place		N A FARM?			
Male White WIDOWED DIVORCED OCt. 12, 1924 131 and more with Months Days How Min. 100. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY III. BIRTHPLACE (Solve or foreign country) 113 FATHER'S NAME 2 Breeden 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? II.6 SOCIAL SECURITY NO 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? II.6 SOCIAL SECURITY NO 17. INFORMANT Kathryn Breeden Hyattsville Md. 18. CAUSE OF DEATH [Enter only one count per line for (ol. (bl. ond (c).) 18. CAUSE OF DEATH (Enter only one count per line for (ol. (bl. ond (c).) 19. PART I. DEATH WAS CAUSED BY: MMCPLIATE CAUSE (b) 10. DEATH WAS CAUSED BY: PART II. CHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [10] 19. WAS AUTOPSY YES NOT CONTRIBUTING COURSE (c). 17. PART II. CHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [10] 19. WAS AUTOPSY YES NOT COUNTY (C). 18. CAUSE OF DEATH [Enter only one count of the terminal disease condition of the miner of the terminal disease condition of the miner of	(Type or print) Elijah			OF					
during most of working life, even if relired prozen Food Lockers Virginia USA 3 FATHER'S NAME 2 Breeden 3 FATHER'S NAME 2 Breeden 3 FATHER'S NAME 2 Breeden 4 MOTHER'S MAIDEN NAME Clara 7 Clara 7 Clara 7 INFORMANT Kathryn Breeden Hyattsville Md. 18 CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (o)] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE [O) Conditions, if ony, which gover rise to immediate couse (c), toking the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [Io) 20 ACCIDENT WAS UNDERLYING COUNTY (c) 20 ACCIDENT WAS UNDERLYING COUNTY MONTH MEDICAL EXAMINER) 20 ACCIDENT WAS UNDERLYING OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [Io) 19 OR CONTRIBUTING CAUSE OF DEATH MOUT OF MAINTEN COUNTY (c) 20 THE CHIEF, NOTIFY MEDICAL EXAMINER) 20 THE CHIEF, NOTIFY MEDICAL EXAMINER 21 I CERTIFY THAT I of Idended the deceased from A - 4	Male White widow	ED DIVORCED	Oct. 12, 1924	lost birthdoy)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18] The contribution of the under the u	during most of working him even if entired)								
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Kathryn Breeden Hyattsville Md. The state of data of invited by 18. Social Security No 19. Will Mathryn Breeden Hyattsville Md.				· · ·					
Tender Part			1						
PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE to	[Yes, no or unknown] (If yes, give wor or dates of service)								
Course (a), stoting the <u>under-lying couse lost.</u> PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18) 20c. ACTUAL SIGNIE OR CONTRIBUTING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YES NO OR CONTRIBUTING TO DEATH OR CONTRIBUTION OR CONTRIBUTI</u>	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b)	ne for (o). (b). and (c).]	d Carci	unators;	INTERVA ONSET	L BETWEEN			
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of two will be of work	couse (a), stating the <u>under-</u> DUE TO lying couse lost. (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	P	ERFORMED?			
21. I certify that I attended the deceased from 2 - (19) to 2 - (19) that I last saw the deceased alive an 2 () 19 , 19 , and that death accurred at 10:30 Mm, from the causes and on the date stated obave ADDRESS (Street, city or town, state) ACTUAL SIGNATURE		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Por	rt I or Part II of item 18)					
alive an 2 1 3 , 19 3 , and that death accurred at 10:30 AM, from the causes and on the date stated obove ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Dr. Aaron Dietz 20. BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 220. LOCATION (City, town, or caupity) REMOVAL (Specify) 2/20/59 Arlington National Cemetery Arlington Va. 21. SUNIERAL CREMATURE	20c TIME OF INJURY Month, Day, Year 20d I White P. m. 19 of war	Not while for	ACE OF INJURY IHome, form, ctory, street, office bidg., etc.)	20f (City or town)	(County)	(Store)			
220. BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or caucity) Plurial 2/20/59 Arlington National Cemetery Arlington Va. (Stote)	actual signature	and that death	accurred at 10:30A	M, from the causes as poress (Street, city or town, satin St.	nd on the date s	tated above.			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P'. Gasch's Sons Hyattsville Md. 246. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE FEB 1 9 59 247. REC'D BY REGISTRAR 2 SIGNATURE DATE FEB 1 9 59	220. BURIAL CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OF CEMETE	R CREMATORY ional Cemeter	2d. LOCATION (City, town, or Y Arlington		(Stote)			
			240, REC'D DATE FEB	BY REGISTRAR 246 REGIST					



20c. TIME OF INJURY Hour a. m.

21. I certify that I attended the deceased from Feb and that death occurred at 3:10 M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL

PHYSICIAN'S Thomas F. Collins. M.D. NAME (Type)

Washington

D.C.

(State)

220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) REMOVAL (Specify) Buria Mount Olivet Cemetery Washington, D. C.

23. FUNERAL DIRECTOR'S SIGNATURE 290 TODRES Lthst. N.W. 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR The S.H. Hines Washington, D.C. 1 X 94 AA

haurs after death puo carban | physician certificate havrs requires that ٩ permit. and burial-transit CTOR: RAL Di O FUNERAL (T) Page

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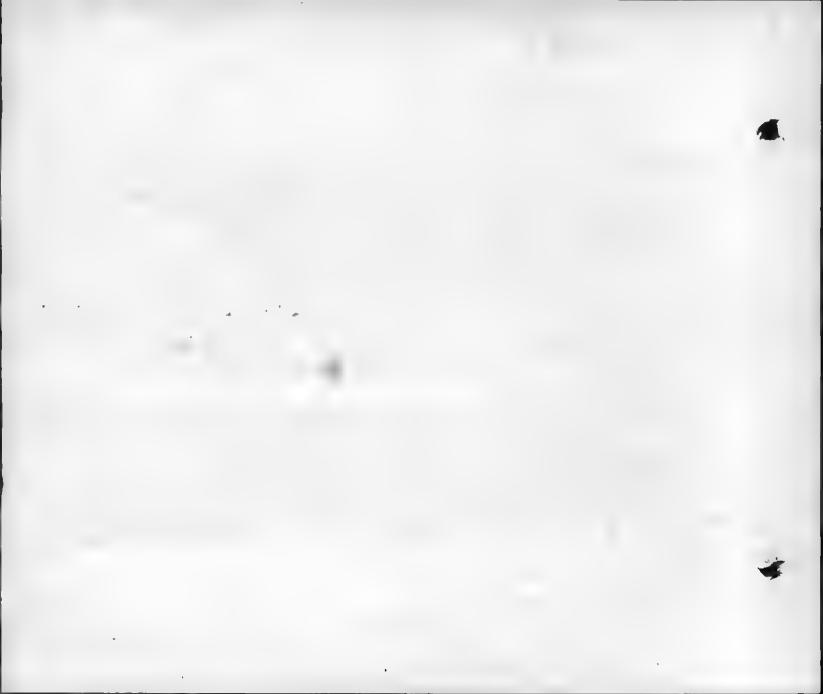
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MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
2170 Items 8 & 9, Can G	ATE OF DEATH
61.70	Reg. Dist. No.
PLACE OF DEATH O COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institut an Residence before admission) a STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 4. 6 IS RESIDENCE ON A FARM?
NAME OF DECEASED (Type or print) GERALD GSSEL	Bristow 1. DATE OF Month PEB 8 19 8
SEX Half 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED	8. DATE OSBIRTH 1905 12 Jan 19035 1 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS yrs Months Days Hours Min
Our USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF SUSINESS OR INDUSTRING mail of work ng life, even if retired) US Government	STRY 1/ BIRTHPLACE (Stole or foreign country) 11 inois
FATHER'S NAME William R Bristow	14 MOTHER'S MAIDEN NAME Pearl C ?
Yes an an embanant . Mf	NFORMANT Charlotte V. Bristow College Park, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)), and (c)]; PART I DEATH WAS CAUSED BY [IMMEDIATE CAUSE (a)] DUE TO Conditions, if any, which gave rise to immediate cause (a), stoling the under-lying cause last.	elevile front Person
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION OF CONTRIB	O (Enter nature of injury in Port I ar Port II af item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e Ptu Haur a.m. 19 While Not white at work at work at work	ACE OF INJURY IHome, form, 201 (City or town) [County] (Stote)
21. I certify that I attended the deceased from alive an	accurred at 5 M, fram the causes and on the date stated above
ACTUAL SIGNATURE FOR	M.D. 7/12-PERWYNAG
PHYSICIAN'S NAME (Type) C. C. / E.V.V.C. 20. BURIAL, CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETERY OF	Cacy 1879, 19 2/9/5/
burial Feb 10, 1959 Fort Linco.	In Cemetery Colmar Manor, Md. (Stole)
I. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
A. Gasoble Some Harris	EED 4 o IED



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 997.0

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TO MOCRITAL OF ATTENDING PHYCICIAN: The law sequires that the death perificate he evented within 24 hours ofter death. Pare &	may be retained by the hospital or otherding physician. TO FUNERAL PURCION: After this certificate has been signed by the attending physician and campletely filled in the funeral director.	page 3 shalf be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I am a lould be filed, with the registrativities to burial, cremotian, ar removal, and in any event within 72 hydrs after death.
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1.	PLACE OF DEATH COUNTY Prince Geo	orges			MARY	LAND	11 .	CTATE	8 10 11		d lived. If inst b. COU		n: Reside	ince beto	re odmiss	on)
Г	b CITY OR TOWN (I RURAL and give no	If outside corporate limi	its, write	c. LENC	GTH OF STAY	1N 15		c. CITY OR	TOWN (If	outside corp	orote limits, wri	te RU	RAL and	give nec	orest lown)
A	ndrews AF	Base			.6 Days		XII	ashin	gton (2;						
	d NAME OF HOSPIT	TAL (If not in hospital, s	give street	oddress)			/	d. STREET A							e. IS RES	PARM?
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3.	DECEASED	Fir	nt		Middle			Lo		4. DATE OF		Month		Da		Year
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15	John P But	TIN U.S. ARMED FOR	CES2 16	SOCIAL S	SECURITY NO	17	INFOR	MANT	ie Pa	yne		Addre	19.4			
177	as, no or unknown)	III yes, give wor or dates of s	HERYICE)		1-0760				Mates	1 F 0 I	25 -			7 1	, d. z. x	D.C
F	18 CAUSE OF DEA	ATM [Enter only one co					ÀT. C	la G	Metze.	r cor	/ - 1 - 1	. ce			TO.1,	
		TH WAS CAUSED BY:	-			and the second	100	aiden.	t and	Brone	hannaur	~ ~ m	10	ON:	ET AND	DEATH
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	gove rise to i	mmediale (11100	9010103	14.0						_		_		
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CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON		ONTRIBL	UTING TO DEA	ATH BUT	TON	RELATED TO	O THE TERM	INAL DISEAS	SE CONDITION	GIVE	N IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED? NO []
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HO	OW INJURY O	CCURRE	D. (En	eler noture o	of injury in	Port I or Pa	rt II of item 18.)				
MEDICAL		Y Month, Day, Ye			CCURRED	20e. Pl	LACE C	OF INJURY (Home, form	n, 20f. (Cit	y or lown)			(County)		(Stole)
MED	Hour c.m. p. m	19	While at war	k 🔲 al	t while work		,	nivel, oitic	o bidg., or							
	21. I certify th	at I attended the	deceas	ed fron	n 21 Ja	n		. 1952	to_5	Few	, 19_	59	that I	last so	w the	decease
		Seb	. 19)(;	, and that	death	1 000	urred of	4:25	P.M. fro	m the cause	es de	nd an i	the do	te state	d above
	6	2 11	1 00	10 1	11						itreet, city or to					ATE SIGNE
	ACTUAL SIGNATURE	Remula /	1111	MA	aun	ســــه	M.D.	USA	F Hos	[tal	Andre "	5		P	Feb	59
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B	BURIAL, CREMATIC				AME OF CEMI			MATORY		22d LOCA	TION (City, 16)	vn, 01	Ala	aban	(Slore	p)
23	FUNERAL DIRECTOR			AD	DRESS					D BY REGIS	TRAR 24b. R	EGIS1	TRAR'S S	IGNATU	RE	
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	MARY	AND S	TATE DEPA	ARTM	ENT OF H	EALTH	I—BALI	IMORE,	18			~
	2197	7	CERT	IFICA	ATE OF D	EATH	4		Reg. Di	ist. No.	021	££.
1. PLACE OF DEATH a. COUNTY			MAR	YLAND	2 USUAL RESID	ENCE (Wh	ere deceased	lived. If instit b. COUN		nce belore	admission)	
b city on Town (nce Georges	ti write le	LENGTH OF STAY		- CITY OF TO	Mar	yland-	ate limits, write	rince	Geor	ees.	
RURAL and give n		15, write (c.	1	,	c. City Ok ic	DAAIN (II 6	ratsiae corpor	ole ilmits, write	KUKAL ONO	Give upar	esi tawni	
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OR INSTITUTION	AL (If not in hospital, g	ive street add	iress)	ĺ	d. STREET AD	DORESS	/			e.	IS RESIDEN ON A FAPI	M2
Prince	Georges Gen	erel I	lospital		1,716 41	Pla	ce				YES NO	X-
3 NAME OF DECEASED	Fir		Middle	e	Last		4. DATE	N	lanth	Day	Year	
(Type or print)	Carr	ria .		B	vrd		DEATH	Fel	ornary	2	19	
5. SEX	6. COLOR OR RACE		NEVER MARR		B DATE OF BIRTH		1	9. AGE (In year	IF LINDER	1 YEAR	IF UNDER 24	HRS
Female		WIDOWED			70/19	105		lost birthday	Months Months	Days	Hours M	l (n
10a. USUAL OCCUPATIO	Negro	dane 10b KII	ND OF BUSINESS	OR INDUS		CE (State	or lareian co	unity)	12. CI	TIZEN OF	WHAT COU	INTRY
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-16	al				100	/ 5	/ /	01.				
AMENICA.	T CWAYY			T	AUCH	14.	14661	all	1			
15 WAS DECEASED EVE (Yes. no. or ynthywn)	R IN U. 5. ARMED FOR (If yes, give wor or dates of s		CIAL SECURITY NO	D 17 II	NFORMANT			A	ddress			
10				L_s	herman_	H	sband.	Add	ress S	ame		
18. CAUSE OF DEA	ATH [Enter only one co	use per line f	for (a), (b), and (c)	-]						INTER	RYAL BETWEE	EN
PART I. DEA	TH WAS CAUSED BY- IMMEDIATE CAUSE (a	1 120	inte Col	word	us In	fer RZ	10m			GINSE	I AND DEA	119
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PART II. OTI	HER SIGNIFICANT CON	DILION2 COL	NIKIBUTING 10 DE	AIN BUI	NOI KELATED TO	THE LEKANI	NAL DISEASE	CONDITION	JIVEN IN PAR		PERFORMED	7
											YES NO	, 🗆
OR CONTRIBUTING	S UNDERLYING []	20b. DESCRI	BE HOW INJURY (OCCURRED). (Enter nature af	injury in I	Part I or Part	II of item 18.)				
Ulf EITHER, NOTIFY	MEDICAL EXAMINER)											
	Y Month, Day, Yea		JRY OCCURRED	20e PL/	ACE OF INJURY (H	lome, form	, 20f (City	or lown)	{	(County)	(5	itate)
Haur o.m.	19	White at work	Not while at work		iory. sireer, diffice	Diog , erc	<u>'</u>					
	at I attended the				20 1059	4E	-67	10			41 1	
777 6												
alive on Lebi	rualry	צבצו	, and tha	t death	occurred at_					the date		
ACTUAL	frh h	0 > 10	11.00			•	WDDKE22 (21)	eet, city or tav	n, siate)		DATE S	IGNE
ACTUAL SIGNATURE	4	0/2	un Cir		M.D9.	721	-74th-	V0				
PHYSICIAN'S	Dr. Till B	ex om on			Hvattsvi							
NAME (Type)	DA O I AAA D	er Singri			HA E DOS AT							
22a. BURIAL CREMATIC REMOVAL (Specify)	N, 226 DATE THEREC	F 2	20 NAME OF CEN	AETERY O	RCREMATORY		22d LOCAT	ION (City, fow	n, or county)		(State)	
VEWCIANE (Shacila)	12-6-5	>	COL	MC	Was		(US)	mi 7	2	1	CV	
23. FUNERAL DIRECTOR	S SIGNATURE A	1.7	ADDRESS	2.3	11	24a. REC'	D BY REGISTI	AR 24b RE	GISTRAR'S SI	GNATURE		
H2PW 11	Washingthi	46,	1 1 3/	11	W	DATE F	R 5 '5	9	Tallan 9	2 ft	4	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

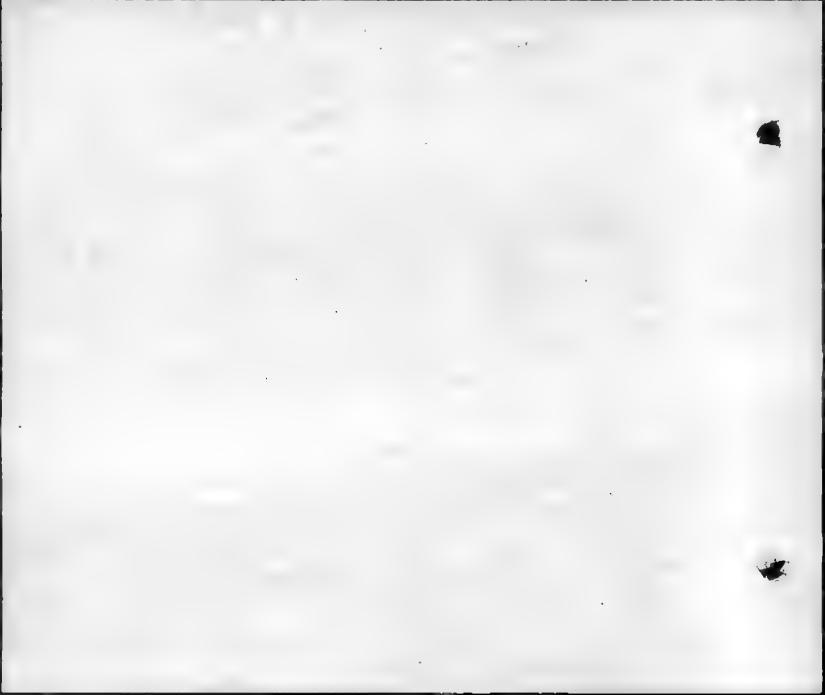
Film G240, 3 CERTIFICATE OF DEATH

Item 9,

2100	J		Reg. Di	st. No.
1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Maryland	b. COUNTY Princ	ce before odmission)
b. CITY Of TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporale limits, write RURAL and	give nearest lown)
Cheverly	7Days	Hyattsville	5	
d NAME OF HOSPITAL (If not in hospitol, give street ORTINSTITUTION	oddress)	d. STREET ADDRESS	Plane	e. IS RESIDENCE ON A FARM?
101	spital	5350 Quincey		YES NO
3. NAME OF John First (Type or print)	J. Middle Car	ity lost	OF POD Month	18 Year 59
S SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8 DATE OF BIRTH		TYEAR IF UNDER 24 HRS
Male White WIDOW	ED DIVORCED	Sept. 16, 18		Days Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if relired)		3 1		TIZEN OF WHAT COUNTRY
	Retired	Washingt		S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN N		
P.H. Canty		Hary A. H	lorrigan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17.	NFORMANT	Address	
	77-50-6260 I	illian D. C	ntife	
18. CAUSE OF DEATH [Enter only one cause per lin				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	0	. /-		ONSET AND DEATH
IMMEDIATE CAUSE (o)	Momenan	edema		1 we
45/X DUE TO	0 1	,		1. /
Conditions, if ony, which gave rise to immediate	is planed as	she ameur	79sec	1 wk
cause (a), stoling the under-	2/	- 1//	0	
lying cause lost (c) LC	recussors	he Henry	Deserve	
PART II OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAR	T I(a) 19. WAS AUTOPSY PERFORMED? YES NO
20d. ACCIDENT WAS UNDERLYING 20b. DEST OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	'ort t ar Port II af item IB.)	
20c. TIME OF INJURY Month, Day, Year 20d. II		ACE OF INJURY (Home, farm, clory, street, office bldg., etc.	. 120f (City or town) (I	County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. m, p. m, 19 of worl	k ot work	ciory, sireer, office blug., etc.	1	
21. I certify that I attended the decease		1959 10 F	eb. 16, 1959, that 1	last saw the decess
glive on Feb. 16 19		5P.	M, from the causes and an ti	ha data stated al
dive on the same of the same o	_22, and mer deals		ADDRESS (Street, city or town, state)	ne date stated above PATE SIGNE
ACTUAL SIGNATURE C. C. Hages	rge	M.D. 3308 Peri	y st. Mr. Rathier	. Md. 2/17/5
PHYSICIAN'S C. C. Hace	reage M	7.		
220 BURIAL TREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d LOCATION (City, town, or county)	(Stote)
2/19/59	Arl Mat. C	em.	Arlington, Va.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246 REGISTRAR'S SIG	SNATURE
J. Fillian Leets Sons	ca 300-4th	Stal La DASSETT	0.0150	



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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
2201 CERTIFICA	ATE OF DEATH Reg. Dist. No.
PLACE OF DEATH O. COUNTY STITE COST (2) MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. COUNTY D. Ty.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Lugare Leland Displanta	d STREET ADDRESS 14, 106, Colesville Rd. c. IS RES DEI ON A FAI
NAME OF DECEASED (Type or print) De that l'a. Cisse	Lost 4. DATE Month Day Year OF DEATH 2 8 19
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 3 - 17 - 8 9 AGE (In years IF UNDER 1 YEAR IF UNDER 2 Months Days Hours Property Property
a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Own home	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO
George Altred Scaggs	Ja ra h Frances Harding.
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	SECON O CHHIC Q, 4408 Checos busy

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		Nivi. carc. III.	01/00F -47. 195 11/00, 1. E.
	1	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS 14, 108, Colesville Rd. c. IS RES DENCE
		Eugene Leland Memorial	CHANCEN CONTROL TO NO LOT
		NAME OF DECEASED (Type or print) Be that la Cisse/	Lost 4. DATE Month Day Year OF DEATH 2 8 19 5 9
	5. 9	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DA	ATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
		F (U WIDOWED DIVORCED D	3-17-8/ lost birthday) Months Days Hours Min.
	10a	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY)
		Hecisell' I Fe. Own home	1110.
	13.	I. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
		George Hlfred Deaggs	Savah Frances Harding.
		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	RMANT Address
	n	no Ree	cond Cytica. 4408 (megasbury No
		IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	A NICE OF MATERIAL BETWEEN
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerelrai 1000	War ar a dell ONSET AND DEATH
		2 / X DUE TO	5 10 00
		Conditions, if any, which)	
		gove rise to immediate	
		luing cours last	
	z		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	2	Po Alla M Della Control Control Control	PERFORMED?
	5	paceur neumonia	YES NO NO
	CERTIFICATION	† 206. ACCIDENT WAS UNDERLYING ☐ † 206. DESCRIBE HOW INJURY OCCURRED. {En ; OR CONTRIBUTING ☐ CAUSE OF DEATH {IF EITHER, NOTIFY MEDICAL EXAMINER; }	nter nature of injury in Port I or Part II of item 18.)
	¥		OF INJURY (Home, farm, \$20f. (City or town) (County) (State)
	MEDICAL	Hour o. p. White Not white factory.	OF INJURY (Home, farm, j 20f. (City or town) (County) (Stote)
	×	p. m. 19 at work of work	
		21. I certify that attended the deceased fram January 5	1, 1954, ta Fly 8 , 1954, that I last saw the deceased
		alive an the seath according to the seath acc	curred atM, fram the causes and an the date stated above.
		1 1000	ADDRESS (Street, city or town, state) DATE SIGNED,
1		SIGNATURE TIME CONCRETE I M.D.	760/Colesville Kd 2-9-59
		freedrame 1 1 A A A A A	5.0 51. 1 7.1
		MAME (Typo) < ONH / HAMEUS	Swerspring ma
	22a	Ro. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CRE	
	BU	REMOVAL (Specify) 2/11/59 Mt. Zion Cemeter	ry Highland, Montgomery Co., Md.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPRING, SILVER SPRING,	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	WA	ANN W. E. PUMPHPRY, INC. SILVER SPRING,	DATE FFE 1 1'59 I 7 8 Kinus
			2, 1,770,000

VS A15 (4) 15M 9/55





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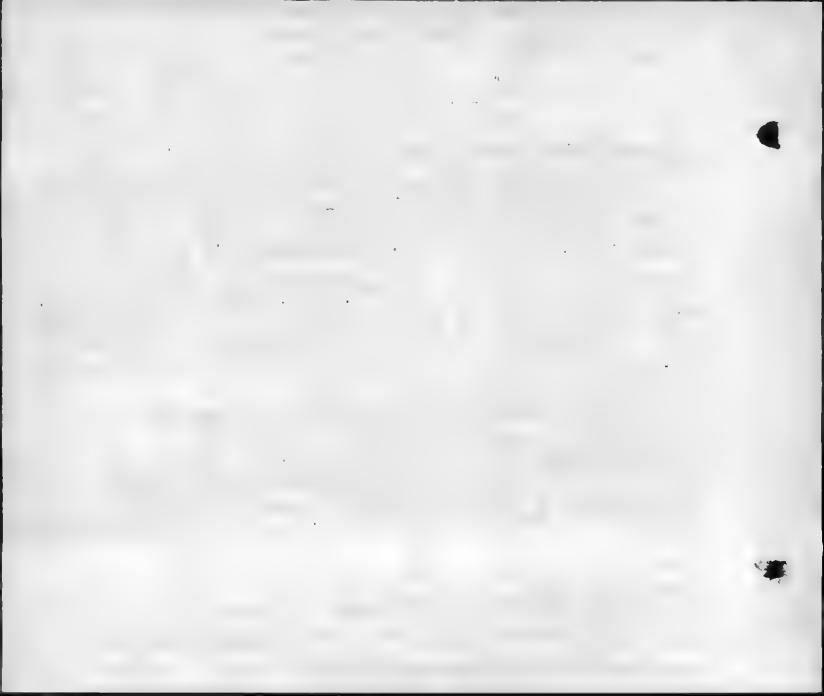
IARYLAND STATI	DEPARTMENT	OF HE	EALTH-BAL	TIMORE,	18
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CERTIFICATE OF DEATH

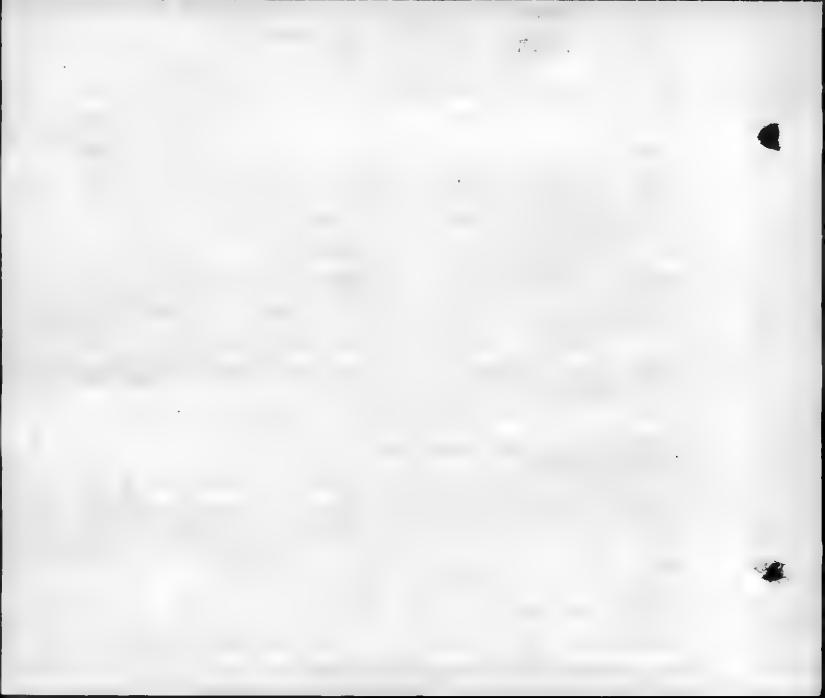
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1. PLACE OF DEATH o. COUNTY				2. (SUAL RESIDEN	CE (Wh	ere decease	d lived If institut		before a	dmission)
Prin	nce George	S	MARYLA	ND S	Maryla Maryla	nd		P-COUNT	ce Geor	ges	
	f outside corporate limi		c. LENGTH OF STAY IN	1b (CITY OR TOV	VN (If a	ulside carpo	rote limits, write	RURAL and giv	e nearesi	fown)
	verly		6 days	3.1	Нуа	itts	ville				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, s	ive street	oddress)	1	d. STREET ADD	RESS				e. 15	S RESIDENCE ON A FARM?
Prince	Georges Ge	nera	Hospital		5502	Fa	rragu	t Stree	E	YE	ES NO
3 NAME OF DECEASED	Fi	'5 1	Middle		Last		4. DATE OF	Mo	nth	Day	Year
(Type or print)	Theofore	G	raham	Co	ffey		DEATH	F	eb.	3	19 59
5 SEX	6 COLOR OR RACE	7 MARE	NED NEVER MARRIED	☐ B DA	TE OF BIRTH			9. AGE (In years			UNDER 24 HRS
Male	White	WIDOWI	DIVORCED [J	29 Dec	. 1	884	lost birthdoy) 71 yrs	1 2	oys He	ours Min
10a USUAL OCCUPATION during most of world	ON (Give kind of working life, even it retired	done 10b.	KIND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE	(Stote	or loreign c	ountry)	12. CITIZ		VHAT COUNTRY?
Retire	1	E	quipment S	ales	Iowa					US	
13. FATHER'S NAME			-	14.	MOTHER'S MA	IDEN N	IAME				
	dore Cofi					e11	ie W	. Graha	am		
15 WAS DECEASED EVE	R IN U.S. ARMED FOR	CESP 16.	SOCIAL SECURITY NO	17. INFOR	MANT			Ade	iress		
No.			89-01-7334	The	odore	G.	Coff	ev-son-	same	as 2	2d
-	TH [Enter only one co	use per lir	ne for (o), (b), and (c).]						-,	INTERY/	AL BETWEEN
	TH WAS CAUSED BY.	15	Tilestain	21	1 220 1	1 1	01/2		201 Da		AND DEATH
E	IMMEDIATE CAUSE (d	4-4-6	ACC F CCCC	K- /-	1/110	7	- Last	SE / 9/ W	of a process	4,5	1
C = 1111 = = 14		0	anation		Cin-	Ta.	. 13.	mland	7-		
Conditions, if o	mmadiole (uc	peraner	46	, 440	uu	4	or work	0		
couse (a), stoling		Ch	11. T. 00	2000	re al	11	m	1000			
lying couse lost.) (c	<u>, Le.</u>	au po				100	C-6-3 PJ			
PART II OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	10M TUB	RELATED TO TH	E TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART 1	P	WAS AUTOPSY ERFORMED?
	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE50	CRIBE HOW INJURY OCC	URRED (En	ler noture of in	ury in f	ort For Par	I II of item 18.)			
20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. IN	NJURY OCCURRED 20	e. PLACE C	F INJURY (Hom	e, form	20f. (City	or tawn)	(Cou	uniy)	(Stote)
Hour o.m.	19	While	Not while	ractory,	street, office blo	śg., etc.)				
	at 1 attended the				. 1959 . 1	2	-3	105	2 11-1-11-		the deceased
alive on 2 -	2	10 5		anth acc				n the causes			
O.I		1 7394	, dila mai a	edili occ	orred dillaka			n the causes i freet, city or town		date s	DATE SIGNED
ACTUAL	urge	bea	geage	M.D.	37/)-	38	HI	0 /2	legely	4	2 -3 -5
PHYSICIAN'S NAME (Type) Ge	orge J H	gea	ge	3	717-38	th	St.	Cottage	City	Mo	d.
220 BURIAL, CREMATIO REMOVAL (Specify)	N. 226 DATE THEREC	F	22c NAME OF CEMETE	RY OR CRE	MATORY		22d LOCAT	FION (City, town,	or county)		(State)
Burial	2/5/59)	Gate of	Heav	en			Silver	Sprin	g. 1	Md.
23. FUNERAL DIRECTOR	SIGNATURE		ADDRESS			a. REC'I	BY REGIST		STRAR'S SIGN		
Robert A	Pumphre	377 T	Rothordo	Mont	land	TE E D	6 159		Lu 8 3	aud	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	2205 CERTIFICATE OF DEATH Reg. Dist. No. (12185)
Poge director	1. PLACE OF DEATH OCCUMITY D. COUNTY D. C
death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. EHROTH OF STAY IN 1b C. EHROTH OF S
77	d. NAME OF HOSPITAL OF TO IN POSPITAL GIVE STEET ADDRESS ON A FARM? YES NO NO. 15 RESIDENCE ON A FARM? YES NO NO.
illed in	3. NAME OF DECEASED (Type or print) ANNA M. CORY DEATH Lost V. DATE Month Day Year DEATH L. 20 1959
d within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Flendle reflict WIDOWED DIVORCED 5/4/85 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Min Months Doys Haurs Min M
execute nd comp in paper death,	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SEPTIFICACE (Stole or foreign county) House working life, even if retired) A Lame Slauen 12 CITIZEN OF WHAT COUNTRY)
icion or e corbo	Matthew Patters Harris Martiner Les Lors
ng phys remay 72 hour	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Robert P. Come Marsh Larrer M. Address (Yes, no. or unknown) (III yes, give wor or dates of service) NO. Robert P. Come Marsh Larrer M. A.
e deoth ottendi n pleas t within	18. CAUSE OF DEATH [Enter only one cause per fine for (o). (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CEREBRAL HEMMORHAGE ONSET AND DEATH ONSET AND DEATH
that the by the it. The yearn ye	Conditions, if any, which) (b) HYPERTENSIVE ARTERIOSCLEROTIC VASCULAR PISERS 4 YEAR
on. signed sit perm	gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO
physicial to be low in internal to a saval, o	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO KI
Hending ficate his but he but	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
PHYSIC on ot this cert this cert as as eartentian	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. p. m. 19 While Not while of work of
NDING to Affer sched fo wrial, a	21. I certify that I attended the deceased from. 1956, to 20 Feb., 1959, that I last saw the deceased olive on 20 Feb., 1959, and that depth accurred of 1:30 M, from the causes and on the date stated above.
ATE ATE	ACTUAL Thomas & Malanes M.D. 48/4-7/4 are DATE SIGNED
relaine RALDI shauk stror pr	PHYSICIAN'S THOMAS GMALONEY Woodlawn md
Moy be poge 3 the reg	220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City. form. or county) (Stole) Subjectly 2/23/59 Forh Lincoln Colman Manier, Mid
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS ADDRESS
10111 17 00	In my



ofter death

within 24 hours



CERTIFICATE OF DEATH

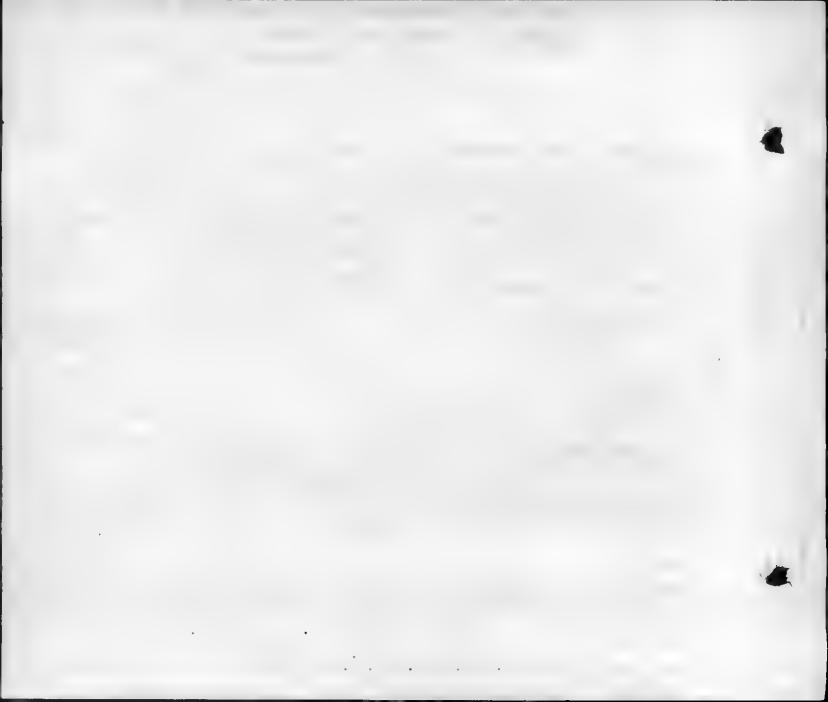
Reg. Dist. No.

2251 F 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) . COUNTY Filed **b.** COUNTY MARYLAND rince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest lown) pino Jachin ton d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION 13 V Street S YES NO 🔯 Sai despital andrevs NAME OF 4. DATE Middle Month Day Year DECEASED D'Antuono 1959 Paul Matthew DEATH Fel murger, (Type or print) 0V0 HE UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) SEX 8. DATE OF BIRTH Months Days DIVORCED [27 August 101: ale WIDOWED | Cauc 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USAF Band Washington D. C. USA 'uslcion 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME alteo D'Antuono Santa Marcio 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 4 2 77-16-5553 Official Records Vac 4 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH 0 ā PART I, DEATH WAS CAUSED BY: of Head Wound Frontal IMMEDIATE CAUSE (0) € , 6 66 er 16 X DUE TO permit. dny Coron Conditions, if any, which) Bollet self inflicted small arms wear on gove rise to immediate **DUE TO** cause (a), stating the under-DIIG lying couse last. CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY County PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) arms wee on place against forelead Ø MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year 20d INJURY OCCURRED 20c. TIME OF INJURY Month. (Stote) (1) foctory, street, office bldg, etc.) Hour a.m. 19 59 of work of work JS A'r Torce Dase Andrews AFB, Wishing on D C Geor 21. I certify that I attended the deceased from ___, 19____, to_ tached , and that death accurred at LERS M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED det Princ ٥ ACTUAL SIGNATURE 10 Feb PHYSICIAN'S NAME (Type) shou registror Ondraum Air Force Buse 11.17 (2) 220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) ş Arlington National Com. Arlington, Virginia Burial 0 240 REC'D BY REGISTRAR FEB 1 6 '59 Funeral Home, Inc. 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE Rinal di CM 40 & Frank N.F. Wash 9

Pro] haurs oft Hat À te has been signed burial-transit permi CTOR: HOSPITAL

15M 9/55

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MARYLAND_STATE_DEPARTMENT_OF HEALTH—BALTIMORE, 18 Item 2173 CERTIFICATE OF DÉATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY Prince Georges o. STATE Maryland filed b. COUNTYAnne Arundel MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BURAL and give negrest town)
Hyattsville Annapolis (Rural) 2 mon 9da vs P d. NAME OF HOSPITAL (If not in hospital, give street orderess)
OR INSTITUTION,
5801-42nd Ave. Hypotherical d STREET ADDRESS . IS RESIDENCE Home ON A FARM? Route #1 Box # 2. Riva YES NO IX Hyattaville Conv.& NAME OF First Middle 4. DATE HENR Y DAY ALVIN DEATH February 13th. (Type or print) 19 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED 9. AGE (In years lost birthday) 89 yrs. 5. SEX B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours Mala White WIDOWED IT DIVORCED [May 3rd, 1869 100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Printing Pressman Bureau of Eng.& TIBA Puo 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Henry Unknown Dideon Day 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Austin W. Day, 4821 Rhode Island Ave. Hyattsville Unknown no none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost PAILLY. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🔀 DESCRIBE HOW INJURY OCCURRED (Egger nature of njury in Part I or Part II of figh 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc) Hour o. m While Not while of work of work 57, that I last saw the deceased , and that death occurred at XIDDM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 6110--43rd Ave., 2/14/1959 Hvattsville. Md. PHYSICIAN'S / John P. Clum NAME [Type!

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Cirting & Krain

Columbia Gardens Cemetery Arlington, Arlington Co., Va.

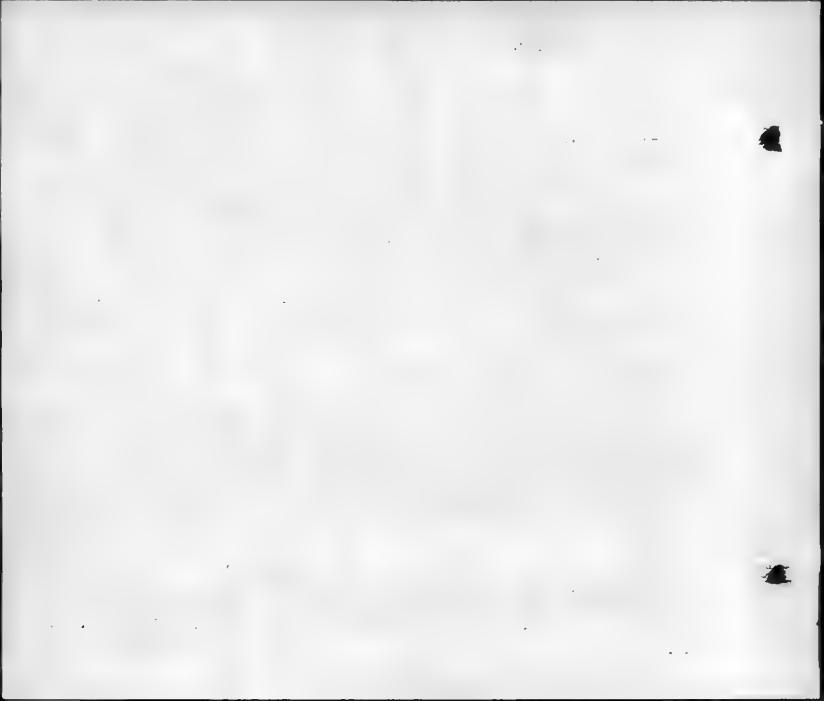
24a, REC'D BY REGISTRAR

220. BURIAL, CREMATION, 22b. DATE THEREOF

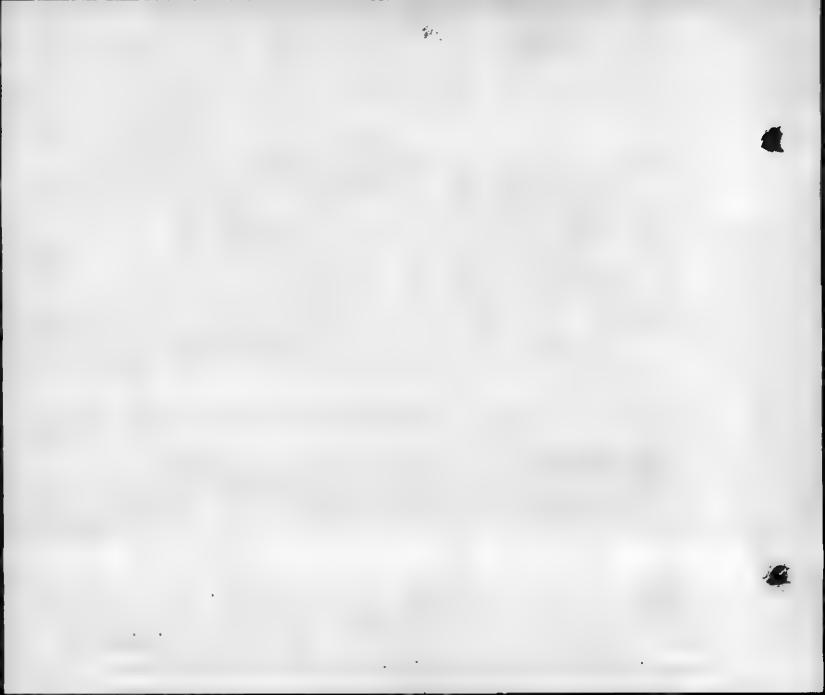
Feb.17th, 1959

73. FUNERAL DIRECTOR'S SIGNATURE W.W. Chambers Company, Riverdale, Md.

Burial



1 /		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
se D		2207 CERTIFICATE OF DEATH Rog. Dist. No. 12	18!
berited with		PLACE OF DEATH O. COUNTY D. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give regrest favor	corre
Should t	ī		IDENCE FARM?
Pages 1 an		NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX 1. DATE OF DEATH DEATH P. AGE (In years) IF UNDER 1 YEAR IF UNDER	Year 19 5 9 ER 24 HRS
carbon papers. giter death.	`\	Male White WIDOWED DIVORCED 1-23-78 In Divinity Manths Days Haurs 1. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT THE Chanic Company of the line of the	Min.
physical physical phours	.)	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? Id SOCIAL SECURITY NO. 17. INFORMANT Address Address	
by the attending it. Then please re by event within 72		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which) (b) One No Spital Record ONSET AND SUICE ONSET AND SUICE Conditions, if ony, which)	
nen signed ransit perm I, and in ar	D LA	gove rise to immediate cause (a), stating the under- lying couse lost. DUE TO (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS A	AUTOPSY
the burial-	כ		NO X
or use as remafian		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat white of work of w	(State)
The detached fr prior to burial, o		21. I certify that I strended the deceased from 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10 1997, 10	
le 3 shar registrar	4	PHYSICIAN'S L W Malin Riverdale, Md. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stole	e)
5 8 8 8 5 8 8 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		REMOVAL (Specify) Burial 2/9/59 Mt Olivet Cemetery Washington D. C. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyattsville Md. DATE FEB 9 159 C. Lun S. Kraus.	-
9/55		AND AND ALL TO PICE.	



funeral director, TO MOSTILAL OR LITTENDING INVSICIAN: The fam requires that the death certificate be executed within 24 hours after death. Page 4 捌 may be retained by the hospital or attending physician. O FUNERAL D: COR: After this certificate has been signed by the attending physician and completely filled in b page 3 shauld of detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 1 the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

TO FUNERAL DU Page 3 shauld e

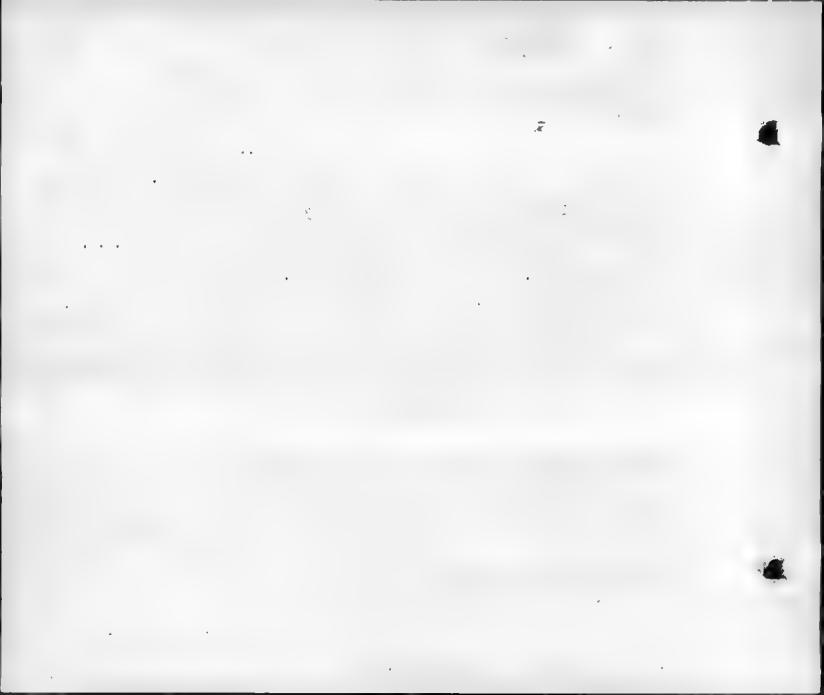
VS A15 (4) I5M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

2208

									Mag. DI	121, 140,	
1. PLACE OF DEATH o. COUNTY					2 USUAL RESIDI	ENCE (Wh	ere decease			nce before o	admission)
	George MARYLAND			Maryland Prince George							
	(If outside corporate limits, write c. LENGTH OF STAY IN 16 nearest town)		- 1	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
Cheverl			1 day	75	× Bowie						
OR INSTITUTION	AL (If not in hospital, g		address)		d. STREET AD	DRESS					S RESIDENCE ON A FARM?
Prince	George Gen	aral			Highbr	idge	Rd.			Y	ES NO
3. NAME OF DECEASED	Fir		Middle	:	lost		4. DATE		Month	Day	Yeor
(Type or print)	Ru	th	R		DeB	OW	DEATH]	Feb.	5	19 59
5. SEX	6. COLOR OR RACE	7. MARE	RIED ANEVER MARRI	ED 🔲 8	DATE OF BIRTH			9. AGE (In ye			UNDER 24 HRS.
Female	Whate	WIDOWE	ED DIVORCE	:D 🔲	March I	¥ 13	1907	last birthda		Days H	lours Min.
10a. USUAL OCCUPATION OF WORLD	ON (Give kind of work i	done 10b	KIND OF BUSINESS O	OR INDUST	TRY 11. BIRTHPLA	CE (State i	ar foreign c	ountry)	12. CI	TIZEN OF V	WHAT COUNTRY
	king life, even if retired	O	wn home		Rhode				Ţ	U.S.A.	•
13. FATHER'S NAME					14. MOTHER'S /	MAIDEN N	AME				
Albert J	Roberts Sr.	1			Mabel	l L. 1	Evans				
15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17, IN	FORMANT			(Address		
THE ISO OF WILLIAMS	(if yes, give war or sales or s	Prvice)	NONE	Hus	sband' Z	Zache	us L	De Bow	/ Bow	vie, l	Md.
	ATH [Enter only one co	use per lin	ne.for (o), (b), and (c)	-1	*		-7			INTERV	AL BETWEEN
PART I DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (a	10	rel.		6221	7 (1/1	unco		GIAZEI	AND DEATH
4-20.1	DUE TO	7			. ()		1	7-			
Conditions, if a	nv. which)	3/	Un am	20	1000	10	Jan	cler	1_		
gave rise to i	mmediate (Dus To		1000	100	Clean		X	2	1		4
lying couse last.	the under-	Des	Amtoly	c	Occ.	Dit	tge	0.61	Sell	K12.	Act.
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION	GIVEN IN PAR	IT 1(o) 19. 1	WAS AUTOFSY
5											PERFORMED?
200 ACCIDENT WA	S_UNDERLYING []	206 DESC	CRIBE HOW INJURY O	CCURRED	(Enter nature of	injury in P	ort I or Por	t II of item 18 !			C
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER										
	Y Month, Day, Yes	er 20d lit	NJURY OCCURRED	20e PLA	CE OF INJURY IH	ome form	20f (Cib.	or town)		County]	(61-4-2)
Hour o.m.	19	While	Not while	foct	ary, street, affice l	bidg., etc.)	or idwing	(*	Coonly	(State)
≨ p. m.	17	ot work	k ol wark				1				
21. I certify th	at I attended the	decease	ed from 2	S	1954,	ta	2/	5 194	29, that 1	last saw	the deceased
alive on	2/4	<u>ک 19</u>	9_, and that	death	accurred at3.	1,54	_M, fran		P		stated abave
	10		12 /					lreet, city or to			DATE SIGNED
ACTUAL SIGNATURE	/ Heme		Turk	Al.	ORF	- 7)	Bn	wip"	2 1	2	2/1/6
3101121101122	//								C-2-2-2		73-12-7
PHYSICIAN'S NAME (Type)	r. Harold	J Kur	tz								
22a. BURIAL, CREMATIO			22c. NAME OF CEM	FTERY OR	CREMATORY		22d LOCAT	TION (City, tax			((1.1.)
Burial (Specify)		959			In Cemet				anor, b	ત્રી	(Stote)
23. FUNERAL DIRECTOR			ADDRESS	AILCO.							
13 -		**					BY REGIST		EGISTRAR'S SIC		
Gasc.	n's ons	Hyat	tsville.	Md .		DATE more	0 750	1 /	1 43 - 2 .	200	



1			4	2	
clar,	with The		7		1
director	Elect Filed	1	15		1
670	ê				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2772

Reg. Dist. No. (1219)

	keg. Di	ir. 140.
1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residen o. STATE Maryland b. COUNTY Pri	ce before admission) .nce George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 11yattsville Md	c. CITY OR TOWN (If outside corporate limits, write RURAL and of Hyattsville Md.	give nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5218 42th Place	d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO X
	5218 42th Place	
NAME OF DECEASED (Type or print) Elizabeth Ellen	Denger OF DEATH February	8, Yeor 59-
5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED White WIDOWED 25 DIVORCED	8. DATE OF SIRTH Aug 5, 1880 9. AGE (In years of burnbay) 78 burnbay) Months	1 YEAR IF UNDER 24 HRS Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12 CIT	IZEN OF WHAT COUNTRY
Housewife own home		SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7 10 24
Norman N Hill	Alice Jackson	
	NFORMANT Address	
[Yes, no, or unknown]	arbara D. Gibson Hyattsville	Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, BRUNCHOP MICH	MONIA	SDAYS
33/X DUE TO		7.27.7.3
Conditions, if ony, which) (b) ACUTE CEREBR	LOVASCULAR HEMORRHAGE	7 11A45
gove rise to immediate	STATE THE PROPERTY OF	7 9/1 7 3
lying cause lost. (c) GENERALIZED	ARTERIOSCLE ROSIS	YEAR 5
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter noture of injury in Port I or Port II of Item 18.)	
Hour o. m. While Not while	ACE OF INJURY (Home, form, 20f. (City or town) (Cory, street, office bldg., etc.)	County) (State)
	1 ()	
21. I certify that I attended the deceased from 3 FEB		
alive on 3 FEB, 1957, and that death	accurred at 2. of M, from the causes and an th	ne date stated abave
1/ 0 1 . 04	ADDRESS (Street, city or town, stote)	DATE SIGNE
SIGNATURE HEMM & Wolfe	MD 905 (OX AVE HYATT	SVILLE 2/8/5
PHYSICIAN'S Henry R Wolfe	Hyattsville Md.	
220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(State)
REMOVAL (Specify) 2/10/59 Fort Lincoln		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIG	
F. Gasch's Sons Hyattsville Mary		



MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
00-				

2203 CERTIFICATE OF DEATH

Reg. Dist. No. 02192

	ragi bisi, ito,
1. PLACE OF DEATH 0. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) STATE D. COUNTY
Prince Georges MARYLANK	V
b CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)	
Cheverly 19 days	/- 771/7 Frederick Road
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince Georges General Hospital	Hyattsville YES NO F
3 NAME OF First Middle OECEASED (Type or print) Stephen	DOWN Cost OF Month Oay Year OF DEATH February 6 19 50
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IT UNDER 1 YEAR) IF UNDER 24 HPS
TIS SUIDOUS TO DIVORTE TO	lost birthdoy) Months Doys Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INI	
during most of working life, even if refired)	TE CHIZZEN OF WHAT COUNTRY
Retired Salesman Furniture	Maryland United State
13. FATHER'S NAME	
Stephen Deyle	Margaret Maxwell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or unknown) [(If yes, give wor or dates of service)]	7. INFORMANT Address
No None 402-18-8548	Anelis I. Wife. Address same
18 CAUSE OF DEATH [Enter only one cause per line, for (a), (b), and (c)]	And Is I VIE Address - SANS
PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (0)	SEAS FOIR WITE TORE
DUE TO	
Conditions, if ony, which) (b) Cop.	asker Contint
gave rise to immediate cause (a), stating the under-	
lying couse last. (c) Reven	Ulo Elso.
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
CCATI	PERFORMED? YES NO
GIF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port I or Port II of stem 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour o. m. While Nat while at work 19 at work 1	PLACE OF INJURY IHame, farm, 201. (City or town) (County) (State)
Hour o. m. While Nat while p. m. 19 at work at work	factory, street, office bldg., etc.)
	20 .do D. do
	18, 189, to February 6, 1959, that I last saw the deceased
alive on February 6 , 1959 , and that dea	oth occurred at \$250A.M, from the causes and on the date stated above
I di A al	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE JULIANO 13. Haaru	2mo. 3306 Rhode Island Ave. Mt. Ranier Md.
PHYSICIAN'S NAME (Type) William B. Hagan	
270 BURIAL CREMATION, 276. DATE THEREOF 27c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City town, or county) (State)
Burial Feb.9th, 1959 Washington	
W.W. Chambers Company, Riverdale, Md.	DATE FEB 1 0 59 246 REGISTRAR'S SIGNATURE
	DATE



FOR STATE MEALTH DEPT.

3

inecessory, please al director. Page your files TO MEPUTY MEDICAL MANNERS. This merificate should be arecuted within 21 hours miter death. If any delay is nexecute the conficate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be graded to the Chief Medical Examiner's Office along with farm PM3. Page 5-may be retain. TO FUNERAL EXECTOR: Page 3 should be used as a berial-transit permit. File pages 1 and 2 with the State or its designabled agent, prior to berial, cremation, ar removal, and in any event within 72 hours offer death.

O 0 4 O VS A15ME 5M 2/57

11	63	4	11	23	
a	12	.\$	47	4 %	

	Reg. Dist. No.
7	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
	o. COUNTY Prince Glorger MARYLAND O. STATE Maryland b. COUNTY Prince Jeanses
	b CITY OR TOWN (If outside corporate prints, write RURAL and give new rest town)
	District Heights homen X listent Heights
	d. NAME OF HOSPITAL OR INSTRUTION (If not in hospital, give street address) Jd. STREET ADDRESS ON A FARMY
L	Long tan Alone 1021 - County Krad VES [] NO []
3	NAME OF DECEASED A PUST Middle Loss 4 DATE Monthy Day Year
	(Type or print) Charle C. Dunlas DEATH 7.1. 28 1959
3	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In 1980'S INCUMENTAL OF BIRTH STATE OF BIR
	white who Divorced No. 7, 1897 61 yrs Months Days Hours Min.
1	DO. USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OF INDUSTRY 11 BIRTHP ACE (State of foreign country)
П	during most of working life, even if returned Recking ham, havth Cavoling U.S
1	3. FATHER'S NAME
1_	Frank S. Dunlop Mary Elizabeth Welch
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 417 Grandin 19d
	yea Grece Covington (Sister) Charlothe, h.c.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]
П	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Caronary Coclusion
L	44XX DUETO O
П	Conditions, if ony, which) (b) Cardiovas Cular Percel disease
П	gove rise to immediate cause (a), stating the underlying DUE TO
П	couse lost. (c)
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
25.00	YES NO
947.0	20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Port 11 of item 18] CAUSE OF DEATH.
-	
210	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) Hour o, m. While Not while
14500	
L	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
L	opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
L	ACTUAL DATE SIGNED
L	SIGNATURE COMON V. V DOMMAND. CHIEF MEDICAL EXAMINER []
	EXAMPTER'S AMES T. BOYA DEPUTY MEDICAL EXAMINER 19 march 1, 1959
2	20 BURIAL, CREMATION, 226 DATE THEREOF 22C NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county)
	REMOVAL (Specify) 3-4-1959 ARTINGTON NATIONAL ARTINGTON
2	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
	LEE FUNERAL HOME 360, 4 Th STNE DATEMAR 4 '59 and 8 time



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

69101

	2210	CERTII	FICA	TE OF DEAT	H	R	leg. Dist. No	
1. PLACE OF DEATH 6. COUNTY Prince G	ROPPAS	MARYI	AND	2. USUAL RESIDENCE (Va STATE	Where deceased to	b COUNTY.	Residence befo	
	f outside corporate limits, wei	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (I	f outside corporate			
Che verly	Al (If not in hounital miss at	2 Hrs 35	Mi		.54			AS STRIPS AND
	AL (If not in hospital, give st	reer booress)		d. STREET ADDRESS	-/			e. 15 RESIDENCE ON A FARM?
3. NAME OF	orgesGeneral first	Middle		4318 34th	4. DATE			YES NO
DECEASED (Type or print)					OF DEATH	Month	ולך שייו	y Year 19 59
5. \$EX	Christia	ARRIED NEVER MARRIE	р 🗀 ТВ	Eckert DATE OF BIRTH	9	Februa AGE (In years F		IF UNDER 24 HRS
Mall		OWED . DIVORCED		5-21-73			Ionihi Doys	Hours Min.
100 USUAL OCCUPATIO	ON (Give kind of work done ing life, even if retired)	106 KIND OF BUSINESS OF	RINDUST	RY 11. BIRTHPLACE (SIO	te or foreign count		12. CITIZEN C	OF WHAT COUNT
Retired	Enginee	r steam &	far	mer Wasl	hington	D. C.	U	S A
13. FATHER'S NAME Lenh	ardt Eckert			14. MOTHER'S MAIDEN	I NAME	Unknow	n	
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? (Il yes, give wor or dotes of service)	16 SOCIAL SECURITY NO	17. IN	FORMANT		Address		
	no		Hel	ena dilson	Brent	wood, M	d.	
	TH [Enter only one couse po	er line for (o), (b), and (c)]	0.		7 . 5. 0			ERVAL BETWEEN
/ DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	energy	LA	ACINOG-A	10813		-/	SCNT4
Conditions, if or	DUE TO	300ne14	101	CARCU	WAS		3	Month!
gove rise to it couse (o), stoting t	mmediate (DUCTO	31/2 0/0 = 1.1	,,, -		110			
lying couse lost) (c)							
<u> </u>	IER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO THE TER	MINAL DISEASE CO	ONDITION GIVEN	IN PART 1(o)	PERFORMED? YES NO
	S UNDERLYING (1) 20b. (1) CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CURRED.	(Enter noture of injury in	Port t or Part II :	of item 18.)		
ZOC TIME OF INJURY Hour o. m. P. m.	W	d. INJURY OCCURRED hile Not while work of work		CE OF INJURY (Home, for ory, street, office bldg., e		lown]	(County)	(Stote
21. I certify the	at I attended the deci	eased from 2	-13	3-, 1959, 1a	2-1	4 10571	hat I lost so	aw the deceas
alive an	2-14-1	201	death (accurred at 7:50	P M. fram I			
	200	6/ 00		12/2		city or town, sta		DATE SIGN
ACTUAL SIGNATURE	elere 9	11 Clh	M	D. //CC1	reider	2	2	-15-5°
PHYSICIAN'S NAME (Type)	. Albert Roth			River	rdale, M	d.	***	
220. BURIAL CREMATOR REMOVAL (Specify) Burial		22c NAME OF CEME	TERY OR	CREMATORY LI Cemetery	Washi	ngton D	ounty)	(Stote)
23 FUNERAL DIRECTOR'S		ADDRESS	-		C'D BY REGISTRAR	24b REGISTR	AR'S SIGNATU	RE
F. Gase	ch's Sons H	yattsville,	Md.	DATE	B 1 7 59	& JAM	L. Firm	i.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director, ald be filed with may be retained by the haspital or attending physician.

TO FUNERAL II ASOR: After this certificate has been signed by the attending physician and completely filled in b page 3 shauld at detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and the registrar prior to burial, cremation, at remaval, and in any event within 72 haurs, effect death. TO HOSPITAL OR VS A15 (4) 15M 10/57





1 .	/		MAR	YLAND STATE DEP	ARTM	ENT OF HEALTH-	-BALTIMORE,	8	
ا عد ا	>		221	2 CERT	IFIC/	ATE OF DEATH		Reg. Dist. No.	2196
directal	,	_	PLACE OF PEATH COUNTY VELOUS C. G.C.	-	RYLAND	2 USUAL RESIDENCE (Where	b. COUNTY		,
funeral			CITY OR TOWN (If autside corporate I RURAL and give nearest lawn)	· Shis	Y IN 16	C. CITY OR TOWN (If outs)	ide carparate limits, write f	URAL and give near	est fawn)
urs offe	77	7	d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION		00,000	d. STREET ADDRESS	· · e/ 10/2/1	Rd.	IS RESIDENCE ON A FARM? YES NO
n 24 hou filled in les 1 am				First Widd			DATE Mo		Yeor 19 5 9
d within of tetely frs. Pog		5. 3	6. COLOR OR RAC	WIDOWED DIVOR		B. DATE OF BIRTH 1/- 26- 18	9. AGE (In years lost birthday)	Manths Days	Hours Min.
ond campon paper	= 1		USUAL OCCUPATION (Give kind of wo during most of working life, even if retine to the second s	rk dane 10b. KIND OF BUSINESS red)	OR INDU	STRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF	WHAT COUNTRY?
icion ond e corbon		13.	Pather's NAME M. S.	Jacum		14. MOTHER'S MAIDEN NAM	r 1_	٠٠.	
certific ng phys remov 72 hour		15. [Yes	WAS DECEASED EVER IN U. S. ARMED F. no. or unknown)	ORCES? 16. SOCIAL SECURITY N of service) 220-12-602	1 .	OSDA RECO	-ds - 440	8 Juansh	ucy Red Nien
attendia n please within			18. CAUSE OF DEATH [Enter only one PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE	Y: //	11	les of X	emore	INTER	RVAL BETWEEN
that the by the it. The iy even			Canditions, if any, which)		u	al arte	io sele	rosi us	relaterone
equires in perm			gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.						
physicio as been al-trans	1	ATION	PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GI		. WAS AUTOPSY PERFORMED? YES NO
AN: The ending ficate has the buri		CERTIFIC	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINES	20b. DESCRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in Parl	l or Part II of item 18.)		
HYSICI or other is certifications or landing		MEDICAL	20c. TIME OF INJURY Month, Day, Havr a. j., p. m.	Year 20d. INJURY OCCURRED While Not white at work at work	20e. PL	ACE OF INJURY (Home, farm, street, affice bldg., etc.)	20f. (City or town)	(County)	{State}
baspita After the ned for riol, cre			21. I certify that I attended to	he deceased fram 7	1	16, 19,5 9, 10 07	16,193	Zithat I last say	w the deceased
ATTEN by the OR: letock			ACTUAL ACTUAL	Millin	ir death	accurred at 73 p.)	VI, fram the causes of DRESS (Street, city or teen,	state)	DATE SIGNED
rat ox etained At hour rar pric	1		PHYSICIAN'S LW /	Malin M.	17.	W.D	7) J-K-Cf	
HOSPI TOY be r FUNER age 3 s		220	BURIAL, CREMATION, 22b. DATE THEF	REOF Zzc. NAME OF CEI	5	R CREMATORY 22	d. LOCATION (City, Jawn,	or caunty)	(State)
2 E 2 C E		23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 72 C. L.	Proposition of	240. REC'D B	Y REGISTRÁR 24b, REGI	STRAR'S SIGNATURE	
15M 9/55			7	Kandall l	ton	n. m.t.			



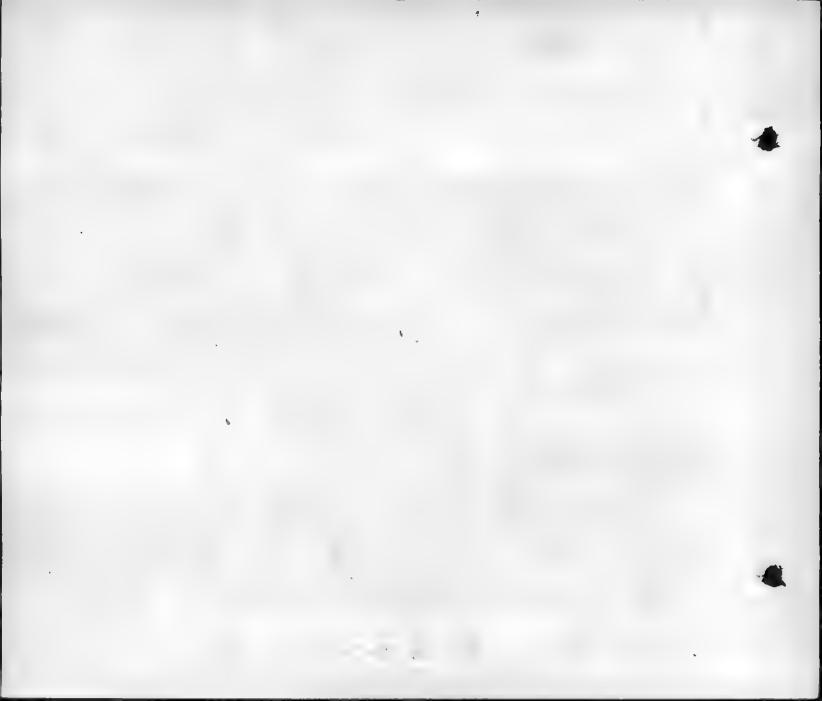
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										MAR. DIM.	140.	
	PLACE OF DEATH COUNTY Prince	e Georges	···	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Georges						sion) 808	
	b. CITY OR TOWN (IF of RURAL and give near Mt. Rainier	est lowel	, write	c LENGTH OF STAY IN 16	14		. Rai	utside corporate li .nier	mils, write RU	RAL ond give	nearest tow	m)
3	d NAME OF HOSPITAL OR INSTITUTION 5809-31at \$	(If not in hospital ai	ve street o	address)	/ d. STREET ADDRESS 380931st Street					ON	SIDENCE A FARM? NO 2	
3	NAME OF DECEASED (Type or print)	JOHANNA	1	Middle CONRAD		ESLEY		4. DATE OF DEATH FO	Month		Day	Yeor 1959
5.		William 1	7. MARRI	D NEVER MARRIED DIVORCED		e of Birth	, 187	O los		Months Do		.,
10	o. USUAL OCCUPATION during most of working Housewife	g life, even if retired)	one 10b	At home	ISTRY 1	Balti				12. CITIZEI	N OF WHA	T COUNTR
13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME								1				
	Henry Eppe	rs			I	Betty	(Unk	nown)				
15. [¥	WAS DECEASED EVER I	N U. S. ARMED FORCE			B.A.		nalds	on, 3809	Addre		.Rain	ier,M
	PART I. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (0) DUE TO		e for (o), (b), and (c) } enerative Card	io-V	ascul	ar Di	sease			INTERVAL BONSET AND	ETWEEN D DEATH CATS
	Conditions, if ony gove rise to imm couse (a), stating the lying couse lost.	nedrate DUE TO										
CATION				ontributing to DEATH BUT			THE TERMIN	NAL DISEASE CON	IDITION GIVE	N IN PART I	PERF	AUTOPSY ORMED? NO (4)
CERTIF	200 ACCIDENT WAS OR CONTRIBUTING E	CAUSE OF DEATH I	206. DESC	RIBE HOW INJURY OCCURRE	D (Ente	er noture of	injury in P	ort I or Part II of	item 18)			
MEDICAL CERTIFICATION	20c TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	White	BURY OCCURRED 20e Pt Not while fo	ACE Of	F INJURY (H treet, office	ome, form, bldg , etc.]	20f (City or to	wn)	(Cour	nty)	(Stole)
		ADDRESS (Street, city or town, stote) DATE SIGNI										
	PHYSICIAN'S Her	bert G. Bi	ande	18				D.C.	~=~~			
224	BURIAL CREMATION, REMOVAL (Specify) Burial	Feb.27th,		22c. NAME OF CEMETERY CO Woodlawn Com				22d LOCATION Baltimo			(Sto	ite)
23 W	W. Chambers	Company,	Rive	rdale, Md.			FEE	BY REGISTRAR 2 7 59		RAR'S SIGNA		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2213MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before Admission) o. COUNT COUNTY MARYLAND b. CITY OR TOWN III oviside corporate (m is, wife TURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give neatest town) c LENGTH OF STAY IN 16 e IS RESIDENCE ON A FARM YES NO DATE DECEASED OF DEATH (Type or print) 6. COLOR OR MACE AGE (In years MARRIED [IF UNDER TYEAR Months Days Hours USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY ring most of working life, even if retired) 11 TRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT [(If yes, give war at dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (0), stoting the underlying couse lost. PART #: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPS PERFORMED? NO [200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING TELESTATES. 206. DESCRIBE MOW 19JURY OCCURRED (Enter nature of July in Port Vor Port II of item 18) Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City/op Jown) 20c. TIME OF INJURY (County) (Stole) factory, street, off ce bldg., etc.) While Not while at work at work 21. I certify that I taak charge of the remains described above, held an Autopsy X Inspection X Inquiry and in'my apinion death resulted fram: Natural couses , Accident XI, Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER BURIAL CREMATION, 226 DATE THEREOF 224 AOCATION (City 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE



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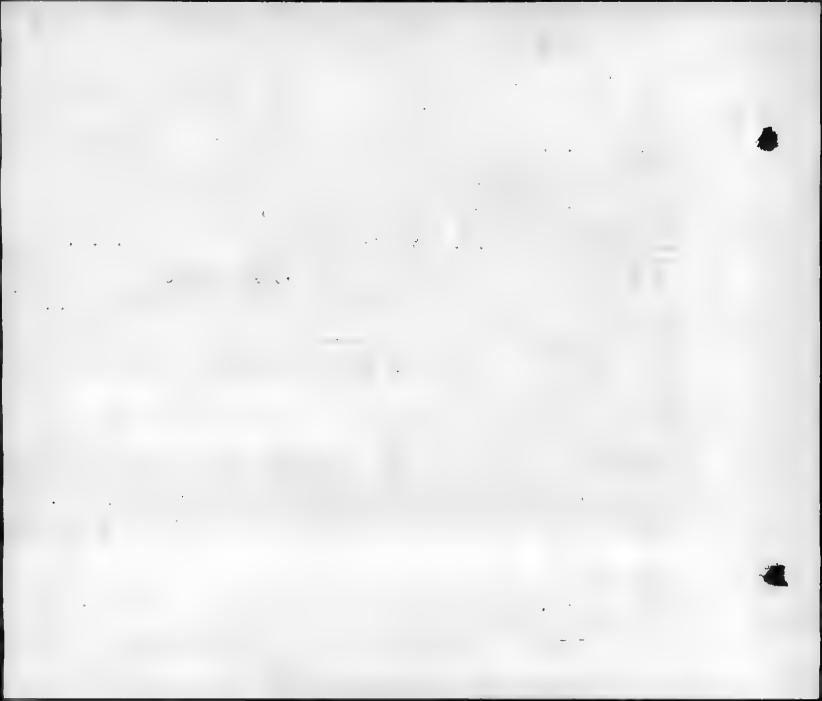
director. Page Arector. Page your files. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
225 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

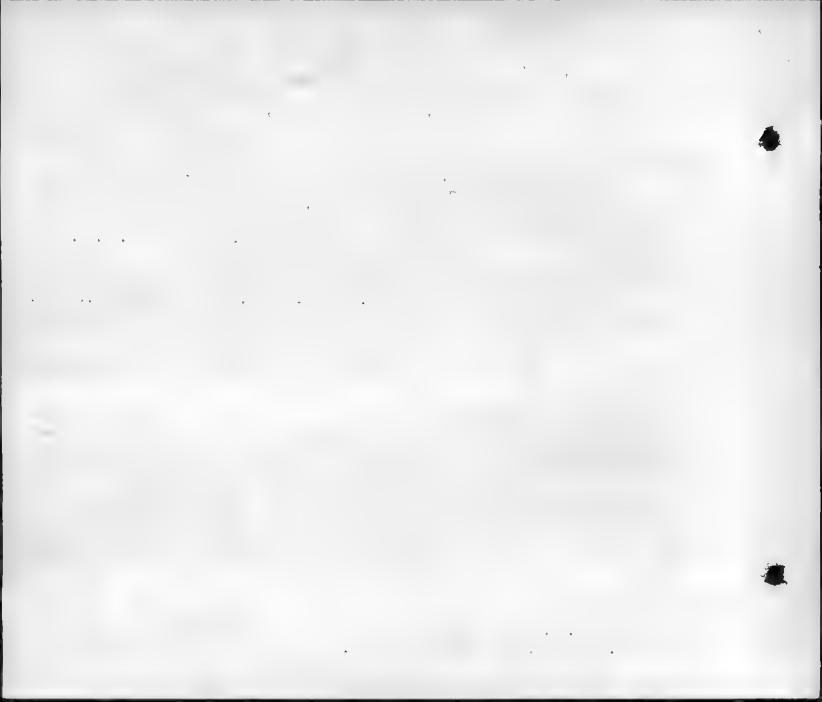
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	1, 7	COUNTY Prince George's MARYLAND	o. STATE Maryland b COUNTY Prince George 5
	b	CITY OR TOWN (Pt outside corporate 1 milts, we tal RURAL ond give named town) Morningside C LENGTH OF STAY IN 1b Transient	c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give nearest town) Morningside
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rear of I. C. E. Club	/ # 5Larches Court • IS RESIDED ON A FARM? YES \(\subseteq \text{NO PARM?} \)
	[NAME OF First Middle Mi	1. DATE DEATH February 28 Doy Year 19 59
		Male White WIDOWED DIVORCED	December 13, 1900 of both 50 yrs. Months Days Haurs Min.
	10a.	usual Occupation (Give kind of work done to the Kind of Business or Industring mail of working life, even f retired) Letter Carrier U. S. Post Offi	ry 11. BIRTHPLACE (State or foreign country) Ce Virginia: U. S. A.
		Samuel Fones	Mae I. Birry Traves
			Mrs Florence Valitine Washington 20, D.C.
		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) } PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage and	Shook Interval bitween onset and death
		gave rise to immediate cause (a), stating the underlying DUE TO	rteries of both wrists
1	CERTIFICATION	· Vipalina in the control of the con	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	-	Cause of Death. Cut wrists with	7.
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLA While at work at work at work	CE OF INJURY (Home, form, 20f. (City or town) County) County) County) County) Morningside P. G. Md.
		21. I certify that I took charge of the remains described about opinion death resulted from: Natural couses, Accident [
		ACTUAL and I Boyd	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [**]
. ,	720	EXAMINER'S NAME (Type) James T. Boyd BUR AL CREMATION, 225 DATE THEREOF (22c. NAME OF CEMETERY OR	DEPUTY MEDICAL EXAMINER February 28, 1959
	E	REMOVAL (Specify) Burial 3-3-1959 Washington Address & GNATURE Action 1 (1) (Attingly)	Suitland, Md Natel 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DAY AD 2 159

TO EFUTY MEDICAL EXAMINATE. This certificate should be executed within 24 hours after 100 miles. If many delay is severally the control of the form of the form of the function of the control of the form of the VS A15ME 5M 2/57





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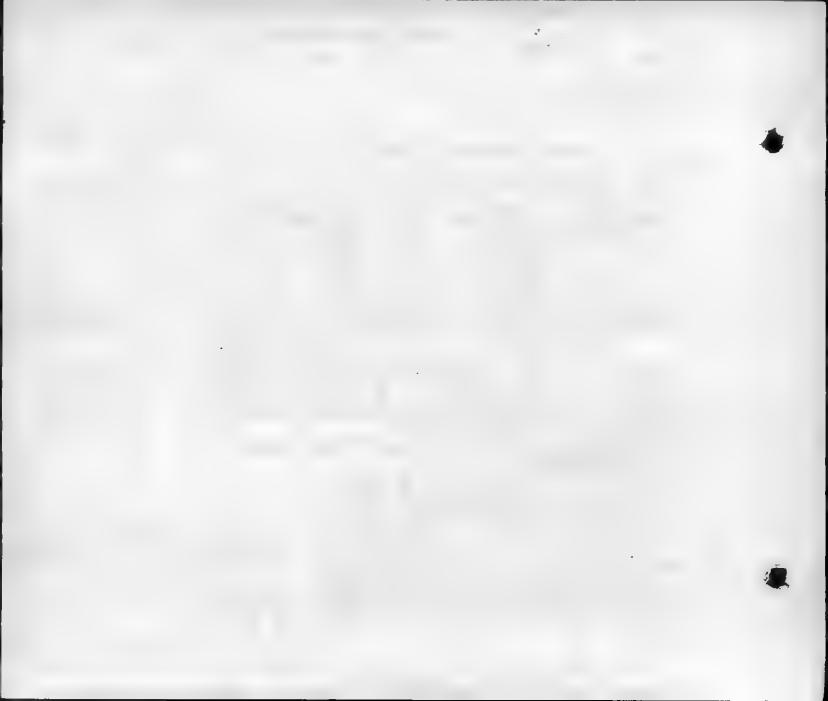
MARYLAND STATE DEPARTMENT O

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VS A15 (4) 15M 10/57

02204 Reg. Dist. No.

		PLACE OF DEATH PRINCE (75065 MARYLAND)	2. USUAL RESIDENCE (Where deceased lived If institution Residence of STATE b. COUNTY	e before admission)
		b CITY OR TOWN (If pourside corporate limits, write c LENGTH OF STAY IN 1b RUAL and give nearly flown) ALP (RURAL) Uh 7 W.	c CITY OR TOWN (If outside corporate limits, write RURAL and go	ve nearest town)
3		OR INSTITUTION LENAL DALE HOSPITAL	6. STREET ADDRESS 7 Th A. N.E	e. IS RESIDENCE ON A FARM? YES NO NO
		NAME OF DECRASED (Type or print) WILBERT W. GI	RISSOM 4. DATE OF DEATH FEB.	Day Year 1 1959
		MALE WHITE WIDOWED DIVORCED	9/26/14 Closs birthday) Maryths (YEAR IF UNDER 24 HRS Doys Hours Min
,,	_	USUAL OCCUPATION (G ve kind of work done during most of work up life, even if relired) A N E N N N N N N N N N	I NORTH LAROLINA U	S. A.
_	L	BALLIE H. GRISSOM	SALLIE H. DAVIS	
	13 1Yes	[18] yet give war or dotes of services 237 - 22-0478	DECEDENT Address	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	TUBERCULOSIS	INTERVAL BETWEEN ODSET AND GEATH TYPE DMEZ
		Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO		
2.	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	MA 14 7 hur	PERFORMED? YES NO
	AL CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Part I or Part II of stem 18.)	
	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not while of work of twork	E OF INJURY (Home, form, 70 (City or town) (Corry, street, office bldg., etc.)	ounly) (Stole)
		21. I certify that I attended the deceased from 6/10 ofive an 1/2, 1959, and that death a	A (17) A	ast sow the deceased
		ACTUAL SIGNATURE ME	D. Clum Pall Tombal	1/1/59
		PHYSICIAN'S MOE WEISS M.)	Elem Palo, lud.	
	73	FUNERAL DIRECTOR'S SIGNATURE 22c. NAME OF CEMETERY OR C	2. Henderson, ho	The Eastling
	1	W. Mambly Carline ADDRESS DOWN	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	NATURE



CERTIFICATE OF DEATH 2214 director, iled with hours after death. Page 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATMaryland b COUNTY Prince George 1. PLACE OF DEATH . COUNTY Prince George MARYLAND b. CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURALL mark appearagest town) Hra Beltsville d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Prince Ceneral Hospital ON A FARM? 11500 Cedar Lane YES NO K NAME OF Middle 4. DATE (Hagan) Clarence HAGEN Feb. (Type or print) DEATH 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Dec. 2, 1922 AGE Un years IF UNDER 1 YEAR IF UNDER 24 HRS Male White (Inday) Months Doys DIVORCED [WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done of business or industry 11 Birthplace (Stote or foreign country)

during most of working life, even if relired)

Biochemist

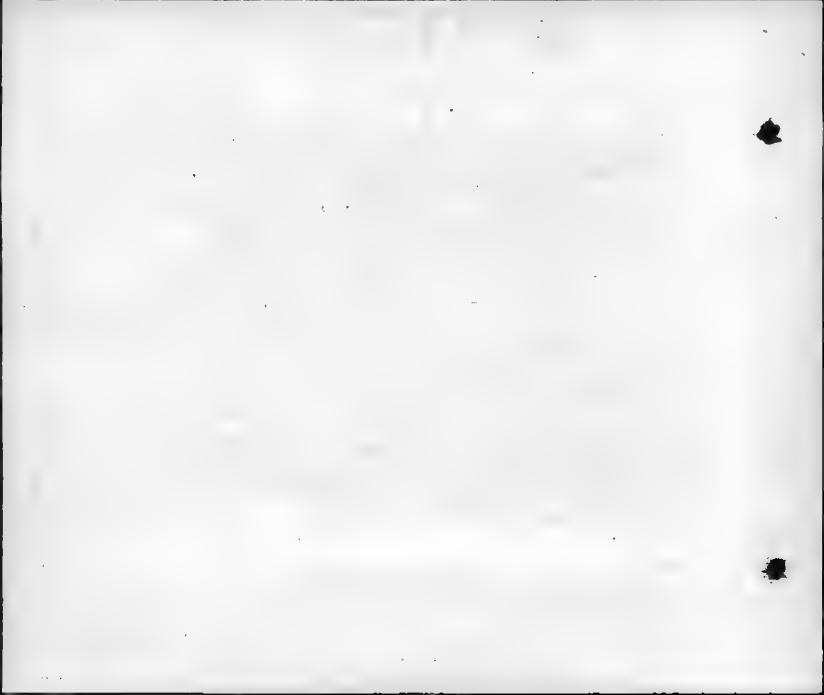
Lake Park, Minn. 12 CITIZEN OF WHAT COUNTRY? TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hagen Irene Charlotte Ebeltoft Clarence E. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes po or unknown) Colleen M. Hagen, 11500 Cedar Lane, Beltsville, Md 502-10-5222 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN Con chron ONSET AND DEATH PART I. DEATH WAS CAUSED BY: a cano IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), slating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES MO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Dov. Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that (attended the deceased from 2-4-57, 19 that I last saw the deceased , and that death accurred at 2:50P M, from the causes and an the date stated above. alive on Feb. ADDRESS [Street, city or town, state) ACTUAL P FUNERAL D PHYSICIAN'S NAME (Type) Dr Albert Roth 220 BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) pode (Stote) REMOVAL (Specify) Feb.9th.1959 Arlington Nat'l Cem. Buria Arlington, Virginia 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE W.W. Chambers Company, Riverdale, Md. VS A15 (4) 120 DATE FEB 9 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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(Stote)

DATE SIGNED



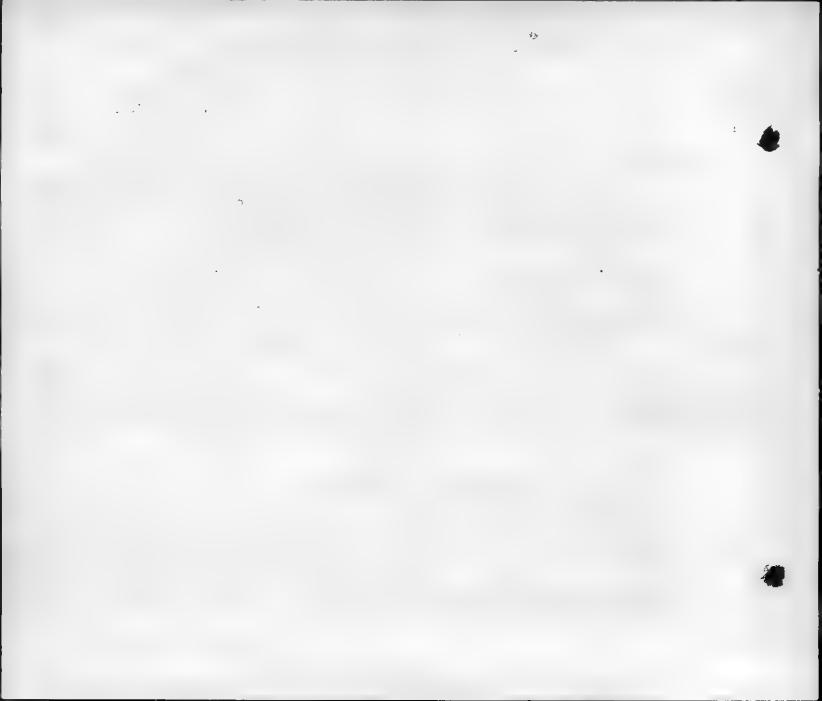
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4	may be retrined by the haspitot or ottending physicion.	TO FUNERAL COMPLET SHE THIS certificate has been signed by the ottending physicion and completely filled in the funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 on a laufd be thread with	the registror prior to buriet, cremotion, or removal, and in any event within 72 haurs offer death.	
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VS A15 (4) 15M 9/55

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1. PLACE OF DEATH O COUNTY Pri	nce Georges		MARY	LAND		DENCE (WH		d lived If institut b. COUNTY	ion: Residence Prince	Georg	nission)	
Berwyn Hei	(If outside corporate limits negrest town)	, write	c. LENGTH OF STAY	- 1		own (if o		prote limits, write l	RURAL and gi	ve neorest to	own)	
d. NAME OF HOSPI OF INSTITUTION 5610 Rua ta	TAL (If not in hospitol, gi n Street	ve street	oddress)		d STREET ADDRESS 5610 Ruatan Street					10	e. IS RESIDENCE ON A FARM? YES NO 2	
3 NAME OF DECEASED (Type or print)	CHARLES	1	Middle BENNETT		HALEY	ı	4. DATE OF DEATH	February		Doy	Yeor 19 59	
sex Male	6. COLOR OR RACE White	7. MARR		_	May 21st		77	9. AGE (In years last birthday) 81 yrs.	Months E	YEAR IF UN		
Farmer (R	ON (Give kind of work di king life, even if retired) etired)		kind of Business of elf-employ					ginia		SA	AT COUNTRY?	
13. FATHER'S NAME UNKNOWN					14 MOTHER'S	MAIDEN N						
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCE (If yes, give wor or dorse of len None	ES? 16.	SOCIAL SECURITY NO None		y E. Ha	ley, 5	5610 R	Add luatan St	·Berwy	n Hgts	., Md.	
Conditions, if a gove rise to i couse (a), stoting lying couse lost.	mmediate DUE TO	Ce Ar Hy	re free i terrovcles ypes tenn	rni m	CAICHO	re fr	reula	· obse	Proving PART		BETWEEN HD DEATH ALLELE S AUTOPSY FORMED?	
O HE BURER, NOTIFY	AS UNDERLYING [] 2 G CAUSE OF DEATH MEDICAL EXAMINER)	?0Ь. DESC	RIBE HOW INJURY OF	CCURRED	(Enter noture of	f injury in P	ort I or Par	t II of item 18)			NO [
20c, TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Year 19	While	JURY OCCURRED Not while of work	20e. PLA foci	CE OF INJURY II ary, street, office	Home, form, bldg , etc.	20f. (Cit)	or lown)	(Co	unly)	(Slole)	
21. I certify the alive an actual signature. PHYSICIAN'S NAME (Type) 220. BURIAL (SPECIFY) BUT 18. 1	TILL BE	. 12) lee le Rev	Z, and that	D.	CREMATORY	4:501 314- YAI	TSV		and an the stote) ST. UD.	date sto	DATE SIGNED	
23. FUNERAL DIRECTOR			ADDRESS				BY REGIST	TRAR 245 REGI	STRAR'S SIGN	IATURE		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02207 **CERTIFICATE OF DEATH** 2257 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Prince Georges County "District of Columbiafounty MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) ARHEAL and give perrest swal Washington 20. D.C. 7 days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE USAFTHOSDital Andrews 1066 Barnaby Terrace YES NO KT NAME OF First Middle Lost Month DECEASED OF DEATH Eric David Harding February (Type or print) 22 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthdoy) Male Months Hours 15 February 1959 WIDOWED IT DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during masy of working life, even if retired) N/A Maryland USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Richard D. Harding Mother-Thelma Madeleine Warner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 1066 Barnaby Terr. SE Father-Richard D. Harding Washington 20. DC 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH Cardio-vascular-pulmonary collapse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Prematurity days Conditions, if any, which (6) gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🖾 NO 🖂 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) MEDICAL 20e. PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Month, 29d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour o.m. Not while of work of work 21. I certify that I ottended the deceased from 15 February, 19 59, to 22 February, 19 59, that I lost sow the deceased and that death accurred of 1215P M, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE USAF HOSPITAL ANDREWS, AAFB, 25 DC 22FEB59 PHYSICIAN'S JOHN A MOORE CAPT USAF HOSPITAL ANDREWS. AAFB, 25 DC 22FEB59 USAF (MC) 220 BURIAL CREMATION, 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) HRLINGTON NATIONAL HELINGTON **FUNERAL DIRECTOR'S SIGNATURE** 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR H ST. N.E. NASH AC. DAMED 2 6 '59



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	7.2	58-	OEK III	10/1	IL OI DEAII	•		Reg. Di	st. No.	
1. PLACE OF DEATH B. COUNTY PILITE GEO	rçes		MARYL	AND	USUAL RESIDENCE (WI o. STATE Vlund	nere deceas	ed lived. If instituti	Idday		odmission)
b. CITY OR TOWN (If RURAL and give no	prest lown)	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If o	iutside carp	arate limits, write R			st town) ,
Andrews AF			<u> </u>		Indianhead			D A X	-	
d. NAME OF HOSPITA OR INSTITUTION	tal Andrew		oddress)		d. STREET ADDRESS 26J Rivervie	ary Vill	lage			IS RESIDENCE ON A FARM? YES NO IX
3. NAME OF	Fir		Middle		Lost	4. DATE	Mon	th	Doy	Year
(Type or print)	Adam		David	H	effelfinger	OF DEATH			25	19°
5. \$EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	В.	DATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR IF	UNDER 24 HRS
lale	Cauc	WIDOWE			5 October 19		40 yrs.	Months	Doys	Haurs Min
10a USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	ione 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stole	or foreign	country)	12. CI	TZEN OF	WHAT COUNTR
Airman	ing me, even if remed		USAF		Pennsylva	nia		U.	SA	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N					
Ar'un Da	vid Hoffel	finge	r		Verna Do	rothy	/ Leber			
15 WAS DECEASED EVER	IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	17. INF	DRMANT		Add	re11		
Yes	WII		0-05-1771	Of	ficial Recor	rds				
IB. CAUSE OF DEAT	TH [Enter anly one ca	use per lin	ne for (a), (b), and (c).]						INTER	VAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	Mas	sive intrac	rani	al hemorrhad	Te er			ONSET	Hours
204	DUE TO					<u> </u>			,	*********
Conditions, if on	12.0	ÁCU	te Jy log	0115	Leukemia				10	Days
gave rise to in	mediate	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00 117 1105	0 10	and distributed				10	273
couse (a), stating t	ne <u>under-</u>									
	ER SIGNIFICANT CON		ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION ON	SNI INI DAD	T 1/ex 19	WAS AUTORSY
E								EN IN PAK		PERFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b DESC	CRIBE HOW INJURY OC	CURRED (Enter nature of injury in t	Part I ar Pa	rt () of item 18.)			
Y 20c. TIME OF INJURY Hour o. m.	Month, Day, Yes	r 20d 1N While at wark	Not while	Oe PLACI	OF INJURY (Home, form y, street, affice bldg., etc.	20f. (Cit	y or lawn)	(e	County)	(State)
21. I contifue the	at Lattended the	decease	ed from 27 Fa	ru.r	Y., 1952., to 25	Fala	11 mr 10 F (About 1	last :-	
olive on 45					ccurred of 7: 11					
01176 011	1		, ond more	jeoin o			m the couses of treet, city or town.		he date	Stoted obov
ACTUAL SIGNATURE	In L	(3)	100 to	h4 r	. UshF Hos		er. trews	sidis.	25	Heh . 9
	ICODO I DE	T Popul	OAYM HOLD	/====						** ** ** ** ** ** ** ** ** ** ** ** **
NAME (Type)	VFORD L BII	TEII	CAFT USAF	(MC)	An lows à	FD, W	lash 25, L). C.		
220. BURIAL, CREMATION PEMOVAL (Spec fy)	226. DATE THEREO	F	22c. NAME OF CEMET		REMATORY	22d. LOCA	TION (City, town, o	or county)	,	(State)
1JURIAL	MARCH 2,	939	ARLING.	TON	NATIONAL	H	ELINGT	ON	VA	
23 FUNERAL DIRECTOR'S	-	11	ADDRESS	,	#77	BY REGIS	TRAR 24b. REGIS	STRAR'S SIC	SNATURE	
KINALDI T	UNERAL T	tome	816 H St.	N.Z	NASH BATE	27 5	9 C.	1. 1 8.	Kraus	



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

2215	CERTIFIC	ATE OF D	EATH		Reg. Dist.		9400
1. PLACE OF DEATH o. COUNTY		2. USUAL RESID	ENCE (Where deced	sed lived. If institute			ission)
o. COUNTY Prince George	MARYLAND	% STATE Maryl	and	Prince	e Georg	g e	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 15	c CITY OR TO	DWN (If outside cor	porote limits, write R	URAL and giv	e nearest to	wnj
Cheverly 2	Month 9Days	Hyatts	ville				
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	dress}	d STREET AL	DDRESS			e. tS R	ESIDENCE A FARM?
Prince George General Hospi	ital	7422 T	aylor St.				□ NO [3]
3. NAME OF DECEASED (Type or print) Elsa	Middle	losi Hoelk	4. DATI OF DEAT		th	Doy 19	Yeor 19 59
5 SEX 6. COLOR OR RACE 7. MARRIED	D NEVER MARRIED	B DATE OF BIRTH		9 AGE (In years Jost birthdoy)	IF UNDER 1		
Female White WIDOWED	DIVORCED [July 5,	1900	58 yrs.	Months D	oys Hour	ts Min
10a USUAL OCCUPATION (Give kind of work done 10b Kit during most of working life, even if retired)	ND OF BUSINESS OR INDI	USTRY 11 BIRTHPLA	CE (State or foreign	country)	12 CITIZ	EN OF WHA	AT COUNTRY?
Housewife own home		Germany			USA		
13. FATHER'S NAME		14 MOTHER'S	MAIDEN NAME				
Karl Meyer		Anna S	chawanem	ann			
	OCIAL SECURITY NO. 17	INFORMANT		Add	ress		
(Yes no or unknown) (If yes, give war or dates of service)	one F	lans C Ho	elk Hva	ttsville	Md.		
18 CAUSE OF DEATH [Enter only one couse per line				a de lore, a mir mir ann ann		INTERVAL	
PART I. DEATH WAS CAUSED BY	50 100 06	000	111000-	in exalt		ONSET AN	HTA3D DI
IMMEDIATE CAUSE (o)	1 6 0 7 6 6 7 6	~ ~ ~	- Company				
Conditions, if ony, which	undon C	the are	tions	esula.	7		
gove rise to immediate		<i></i>	1-22				
lying couse lost.	0						
	NTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART I	(o) 19, WA	S AUTOPSY
NATION NA							FORMED?
PART 11. OTHER SIGNIFICANT CONDITIONS COLUMN TO THE PROPERTY OF ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURR	ED. (Enter nature of	injury in Port 1 or P	ort II of item 18)		1.00	7
OR CONTRIBUTING CAUSE OF DEATH USE (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	URY OCCURRED 20e P	LACE OF INJURY (H	ome, form, 20f (C	ity or town)	(Co)	uniy]	(Stote)
Hour a.m. 10 While	Not while fo	octory, street, office	bldg., etc.)	,	Į.	····/1	Į a la l
		19 50	3 ~	19 10 50	9		
21. I certify that I attended the deceased				.hf, 19	C,rnar I Ia	st saw th	e deceased
alive on 1927	, and that deat	h accurred at		om the causes of (Street, city or town,			oted abave Date signed
ACTUAL ()					notej		DATE SIGNEL
SIGNATURE		-w.p 4314	-Gallan-S	ŧ~			
PHYSICIAN'S NAME (TypeDr. Aaron Dietz /)	Hyatt	sville, M	d.			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY (ATION (City town,	or county)	(51	totej
Cremation 2/21/59	Fort Lincol	ln Cremat	ory Co	lmar Mand	or, Md		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24n REC'D BY REG	ISTRAR 246 REGU	STRAR'S SIGN		
F. Gasch's Sons Hyati	tsville, Mar	ryland.	DATE FEB 2 4	59	Thur 8	Traus	



FOR STATE

HEALTH DEPT.

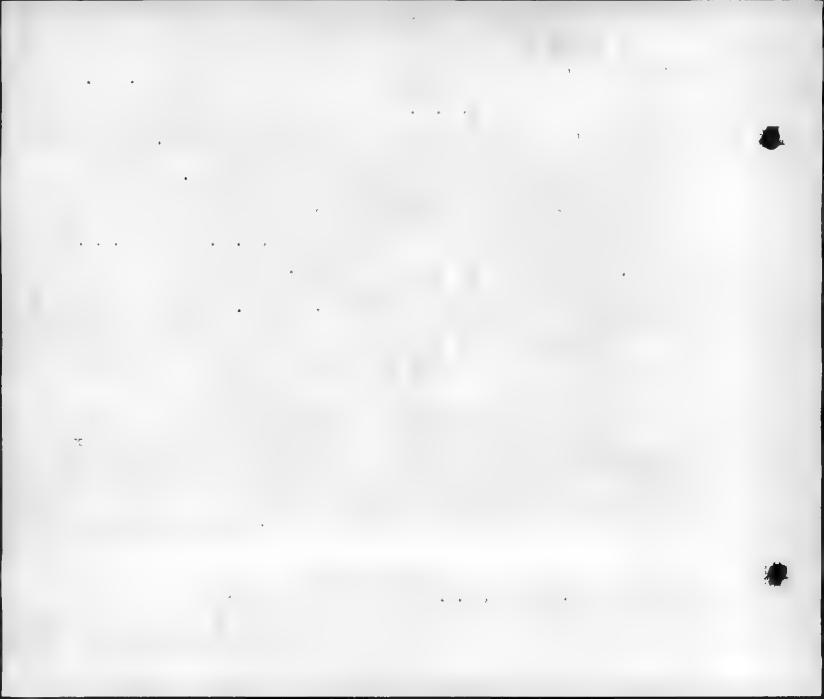
TO EIPUTY MEDICAL EMAMINER: This certificate shalled be exemited within 24 hours after fleath. If any delay is necessary, please execute the recitificate, writing the word "pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO FUNERAL PARECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of A difficulty are its designated agent, prior to burial, crematian, ar removal, and in any eyent within 72 hours after death. I

VS A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2216 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

.6616	Reg. Dist. No.
1. PLACE OF DEATH PROMINGE GEORGE'S MARYLAND	2. USUAL RESIDENCE (Where deceased lived II institution Residence before admission) o STATE Maryland b COUNTY Pr. Geo.
c. LENGTH OF STAY IN 16 Chevery D. O. A.	c. CITY OR TOWN (If outside corporate hmits, write RURAL and give nearest town) Hyattsville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Prince George's General Hospital	d STREET ADDRESS 4111 Nicholson St. Apt. # 5 e. IS RE DEN E ON A FARM? YES NO X
NAME OF DECEASED (Type or print) RONALD First LEON JACKSO	N Lott 4 DATE Month Doy Year Of DEATH Feb. 10 19 59
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 Male White WIDOWED DIVORCED 4	July 9, 1958 P AGE (n years IFUNDER 1YEAR IF UNDER 24 HRS Months Days Hours Min.
100. USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) None None	Washington, D. C. 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Harold W. Jackson	Sandra H. DeShazo
[Yes, go, or velnown] [iff yes, g ve wor or dates of service]	rold W. Jackson. Same as # 2 (Father)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the underlying (a), stating the underlying (b) DUE TO Couse lost.	monia.
CCATIC	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS ALTOPSY PERFORMED? YES 100 11
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injuty in Part Lor Part it of Item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC focto of work p. m. 19 of work of work 10	CE OF INJURY (Home, form, 20f (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above opinion death resulted from: Natural causes . Accident . Accident . ACTUAL SIGNATURE . Tohn T. Malanay M.D.	
EXAMINERS John T. Maloney, M.D. 220 BURIAL CREMATION, 22b DATE THEREOF, BENIOUS (Spec by) 23. EMNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS WIND Leva Sono Co 300 - 47th	CREMATORY CREMATORY 22d LOCATION (City, town, or county) 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE



Prince Georges

PLACE OF DEATH

a COUNTY

MARYLAND

Maryland

I director, Filed-with death. Rage erol þ 70 C OP campletely papers. ion and corbon p physicio remove offending p ᇻ permit gned eeu

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6 CITY OR TOWN (if outside carparate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Cheverly Cheverly d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION Prince Georges Hospital Rural NAME OF Middle 4. DATE Month DECEASED OF DEATH Feb (Type or print) 5. SEX 9. AGE (In years last birthday) 7. MARRIED TO EVER MARRIED B. DATE OF BIRTH Months male white WIDOWED [7 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) death. during mast of working life, even if retired) Uniontown Pa Grocery Self employed ofter 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Robert Jacoby Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Lillian Jacoby Bowie. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) 420.0 **DUE TO** Candilions, if any, which gave tise to immediate **DUE TO** cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20e PLACE OF INJURY IHome, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg, etc.) Hour o. m. While Not while at work at work p. m. 21. I certify that I attended the deceased fram .. 1955, that I last sow the deceased alive on death occurred of 22 M, fram the causes and an the date stated abave ADDRESS (Street, city or town, state) ACTUAL SIGNATURE D Bowie, PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Mt Olivet Cemetery 12/59Washington D. C. Burial 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Hvattsville Md. Thur S. Thous F. Gasch's Sons 15M 10/57

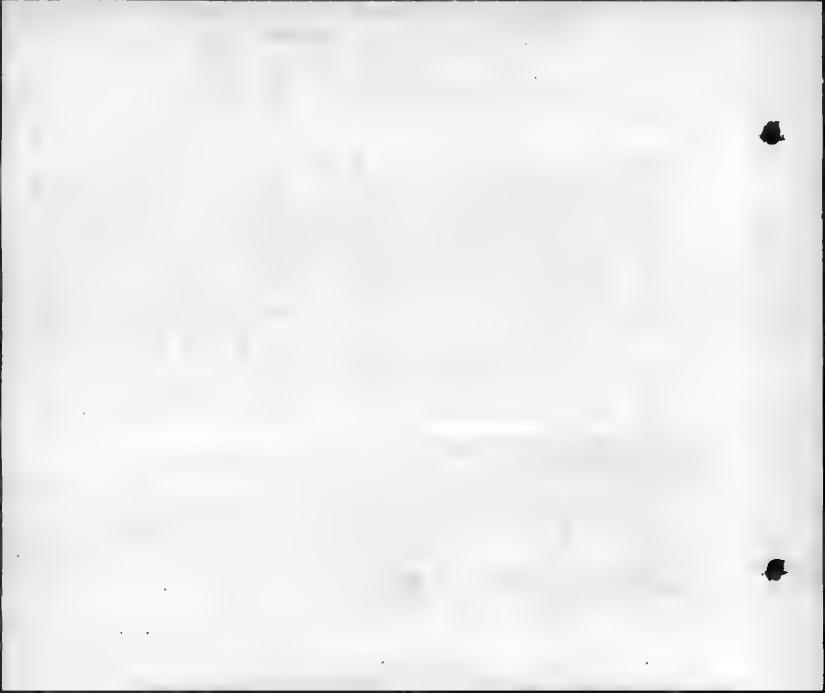
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) **b** COUNTY c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lawn) IS RESIDENCE YES IN NO PO Day Year 10 59 19 IF UNDER 1 YEAR IF UNDER 24 HRS Doys 12. CITIZEN OF WHAT COUNTRY? SA 12MTERVAL BETWEEN ONSET AND DEATH

> WAS ALTOPSY PERFORMED?

YES NO

(State)

(State)



burial, cremation, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 havrs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded by Callief Medical Examiner's Office along with farm MA3. Page 5 may be retained far your file.

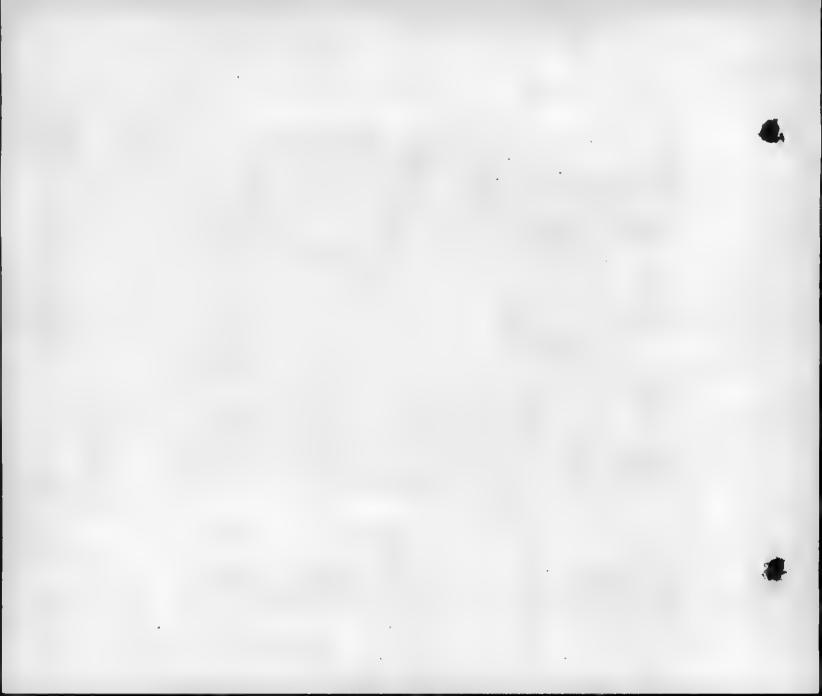
TO FUNERAL EXAMINER: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar plans, are partial, are partial. or remayal. VS A15ME(5)

5M 9/55

I

	2259 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog, Dist. No. 2212
	1. PLACE OF DEATH WITH FLORISH ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE Maryland b. COUNTY Prince YE Creek
	b. CITY OR TOWN (If dutisde corporate limits, write RURAL and give nearest town) of add give nearest town) of the country of t
7	d, NAME OF HOSPITAL OR INSTITUTION III not in hospitol, give street boddress) d. STREET ADDRESS. CHILD St. Celar Hought YES NO
	3. NAME OF DECEASED (Type or print) That I would be the state of the s
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE of BIRTH 9. AGE IN years IS UNDER 14EAR IF UNDER 24 HRS. WIDOWED DIVORCED 1 4 ST 16 18 74 Yes. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE/State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. A.
	13. FATHER'S NAME . Edward Johnson 14. MOTHER'S MAIDEN HAME ?
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? To. SOCIAL SECURITY NO. 17. INFORMANT (For no. or unknown) (It respires war or dates of service) The Social Security No. 17. INFORMANT Lawe Kitch (Kodynfel-son) 64/1/5 St
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL SETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
	Conditions, if any, which (b)
	gove rise to immediate couse (a), stating the underlying couse last. (c) (c)
g .	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?, YES NO CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at work 19 of
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
	ACTUAL SIGNATURE AD ATE SIGNED MAD. CHIEF MEDICAL EXAMINER AD DATE SIGNED
	EXAMINER'S NAME (Type) DO TO G. TO day. D. DEPUTY MEDICAL EXAMINER .
	220. BUR AI, CREMAI ON, PREMOMATICIPALITY 22th DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22th LOCATION (City, town, or county) (Stote) ORK Grove., Stote)
	23. FUNERAL DIRECTOR'S EIGNATURE ROCKVILLE, Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE OFFICE 1 3 59 CATE A 2 12 14

MAPVIAND STATE DEPARTMENT OF HEALTH...RALTIMODE 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physician.

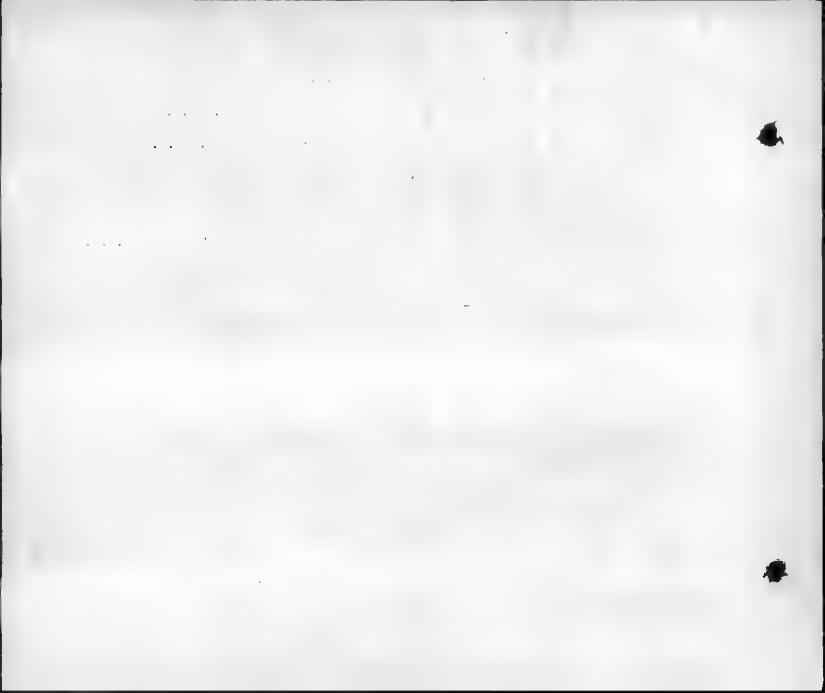
TO FUNERAL CLOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and the registrar prior to Ilurial, Illemation, or removal, and in any event within 72 haurs offer death.

VS A15 (4) 15M 10/57

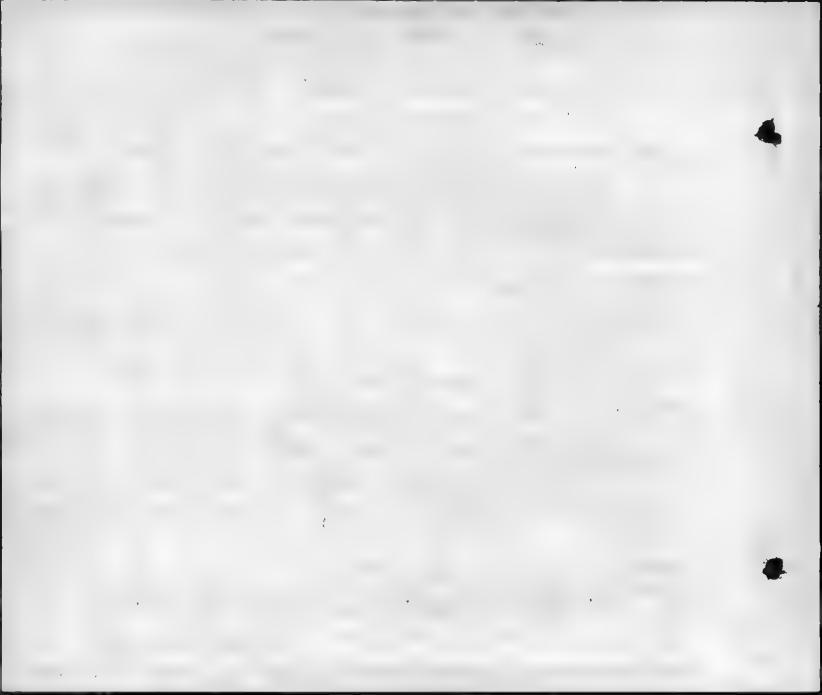
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2219 CERTIFICATE OF DEATH

6613	,	GHILLI	107	ie oi beati			Reg. Dist. No		
1 PLACE OF DEATH 0. COUNTY			- 11	2. USUAL RESIDENCE (Wh	ere decease	d lived. If institution	n Residence befo	re odmiss	on}
Prince George		MARY		D.C.					
 b. CITY OR TOWN (If autside carporale li- RURAL and give nearest tawn) 	nits, write	c. LENGTH OF STAY	IN 15	c. CITY OR TOWN (If o	utside corpo	cote limits, write Rt.	JRAL and give ne	arest town) /
Glenn Dale (RURA)		15 days		Washingto	n .	1	12.51.		
d NAME OF HOSPITAL (If not in haspital, OR INSTITUTION	give street o	ddress)		d STREET ADDRESS				e. 15 RES	FARM?
Glenn Dale Hospit	al			227 - Cha	unning	St. N.F			NO 🖸
3. NAME OF	First	Middle		Lest	4. DATE	Mont	h De	y 1	Year
	bert	Н.		Johnson	DEATH	Feb	. 19) 1	1959
	7. MARRIE	ED NEVER MARRIE	D 🔲 0.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER TYEAR	-	
Male Negro	WIDOWED			8/14/68		90 yrs.	Manths Days	Haurs	Min
10a. USUAL OCCUPATION (Give kind of war during most of working life, even if retire	dane 10b. K	IND OF BUSINESS O	R INDUSTI	Y 11. BIRTHPLACE (State	ar fareign c	nuntry)	12. CITIZEN C	F WHAT	COUNTRY
Cook - Railmad		-		Virginia			U.S.	Α.,	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
?				?					
IS WAS DECEASED EVER IN U. S. ARMED FO		OCIAL SECURITY NO	17. INF	DRMANT		Addre	ess		
No -		lost		Decedent					
18. CAUSE OF DEATH [Enter only one	ause per lige	(a), (b), and (c),	0.7	4 .0.00	A . /	CIC	INT	ERY BE	TWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE		NIMONA	RY	TUBLEC	CULI	17/7	ON:	EL XX	A H
DUE 1	0								-J
Canditians, if any, which	(b)							. *	
gave fise to immediate DUET								- 1 - 1	
Initial resum fact	(c)								
PART II OTHER SIGNIFICANT CO	NOITIONS CO	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVE	N IN PART (a)	9. WAS A	LUTOPSY
3 PULMONARY F	IBROS	15 + GUP	HYSE	MA: CESTEL	SRAL	ARTERIO	SCLE-ROLL	YES X	NO []
PART II OTHER SIGNIFICANT CO PULMUNARY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OF	CURRED.	(Enter nature of injury in P	ort I ar Parl	t II of item 18.)			
(IF EITHER, NOTIFY MEDICAL EXAMINER							,		
20c. TIME OF INJURY Manth, Day, Y Haur a.m. p, m.			20e. PLAC	E OF INJURY (Home, form, y, street, office bldg., etc.)	, 20f. (City	or lawn)	(County)		(State)
Havr a.m. 19	While at wark	Not while at wark	racia	y, street, diffice blog., etc.	2				
21. I certify that I attended th	e decease	d fram 2/4			2/19	19.59	that I last so	w the	decense
olive on February	19. 19.50	and that	death a	ccurred at 2:101	PM. from	the couses of	nd on the da	la stata	d abau
1/1.0	1	*				reet, city or lown, s			TE SIGNE
ACTUAL SIGNATURE	Nu	22_	M.I	Glenn Dal	e Hos	nital		2/1	9/59
		· · · · · · · · · · · · · · · · · · ·		Glenn Dal	Le. Ma	ryland			41-61-
PHYSICIAN'S MOE Weiss									
220 BURIAL CREMATION, 226 DATE THERE	OF _	22c NAME OF CEME	TERY OR C	REMATORY	22d. LOCAT	IN ICITY. INN. D	county)	(S14/e	1
REMOVAL (Spectly)	0/54					Warley	is /m	1	(.
23 FUNERAL DIRECTOR'S SIGNATURE	11	ADDRESS	A	246. REC'D	BY REGIST	RAR 246 REGIST	TRAK'S SIGNATU	RE '	
Barbaur Tun. 1	me	485/	17.1	DE DATE	V 5 59)	was 2 to saw.	a.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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d by the affer	Then	event
2	permit.	avol, and in any event within 72 hours at
been sign	sl-transit	ol, and
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retaiged by the haspital or attending physician.

TO FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in the placetar, page 3 show a detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and audid be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

		2260		CEKIII	FICA	TIE OF	DEAIL	1		Reg. D	ist. No		9 ,	
1.	PLACE OF DEATH COUNTY Prince Ge	orges	***	MARYL	.AND	o. STATE	ict of		d lived. If institution b. COUNTY	ion: Reside	nce befo	re odmiss	ion)	
	b. CITY OR TOWN (I RURAL and give no	If outside corporate limitaries town?	ts, write	c. LENGTH OF STAY I	N IB	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Andrews A			7 Days		Washi			4.0	· -				
	OR INSTITUTION	At (If not in hospital, g				d STREET		ta a	70 S E				FARM?	
3.	NAME OF DECEASED	Fir	si	Middle		Lo	st	4. DATE	Mo	nth	Do	ıy .	Yeor	
	(Type or print)	Fre-'eri	.k	1 1		KIL	F	OF DEATH	Fa',	1 77	٠.١)	19 52	
5. 3	EX	6. COLOR OR RACE	7. MARE	RIED 🔲 NEVER MARRIE	0 🔲	8. DATE OF BIRT	ГН		9. AGE (In years last birthday)	IF UNDE			ER 24 HRS	
	'le	Cario	WIDOW	ED 🔀 DIYORCED		10 Oct	ober 1	J'.3	144 6570.		Doys	Hours	Min.	
100	USUAL OCCUPATION	ON (Give kind of work a	done 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHP	LACE (Stote	or foreign c	puntry)	12. C	ITIZEN C	OF WHAT	COUNTR	
	Retired			lazer			hingto		C.	US	A			
13.	FATHER'S NAME					14 MOTHER'	S MAIDEN N	AME						
I	rederick	Knopf					Muth							
	WAS DECEASED EVE	R IN U. S. ARMED FOR	ElAjco]			NFORMANT			Add					
	ζ ε		5	73-01-7444	Ja	ck B Kn	opf	2423	Minnesot	3 VAC	: Was	h D.	. C.	
				ne for (o), (b), and (c)]							INT	ERVAL BE	TWEEN	
	PART I. DEA	TH WAS CAUSED BY:	Aur	icular fibr	cill	ation a	nd Pne	imoni	n, bilnt	eral				
H	4	DUE TO												
	Conditions, if o		art	crieselurot	tic .	heart u.	sease	Wii	c nj st.	ivo f	1.11	16	7 Day	
	gove rise to i couse (e), stating	the under- DUE TO												
_	lying couse lost.			monary emph										
CATION	PART II. ()T)	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(0)	PERFO	AUTOPSY RMED?	
CERTIF	20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OF	CURREC	Enter noture	of injury in P	ort I or Por	t II of item 18.)					
MEDICAL	20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	White	NJURY OCCURRED Not while k of work	70e. PLA foc	CE OF INJURY lory, street, offic	(Home, form te bldg., etc	20f. (City	or town)		(County)		(Slote)	
	21 Leastify I	at Lattended the	decens	ed fram. 14 Fo	ebru.	arv 10 E	, to	0 50%	י פועים זיין	: that I	lost s	au tho	docean	
	alive an	Behruary	19						n the causes (
	Olive Oil			zzizzz, ona mar	aeam	accorred di			treet, city or town,		ine uu		ATE SIGNS	
	ACTUAL SIGNATURE	de in	米	ne	2	4 D. 1'S 1.	i Noc	14.1	An lieuc		, 	.T. 176	5 9	
	PHYSICIAN'S NAME (Type)	HEINO TREES	>			An.	ews 4	FT, :	siin to.	/ str	3			
22c	BURIAL CREMATIC REMOVAL (Specify)	DN, 22b. DATE THEREO		are. M	TERY OI	CEMATORY	ling	229 TOCK	TION (City, town,	os consty)	2/0	(Stot	e)	
23	Legie C	& SIGNATURE	- 7	41-11 th Sh	S.	€.	DATE	O BY REGIST	PAR 246. REGI	STRAR,S S	IGNATU	RE		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2220 CERTIFICATE OF DEATH

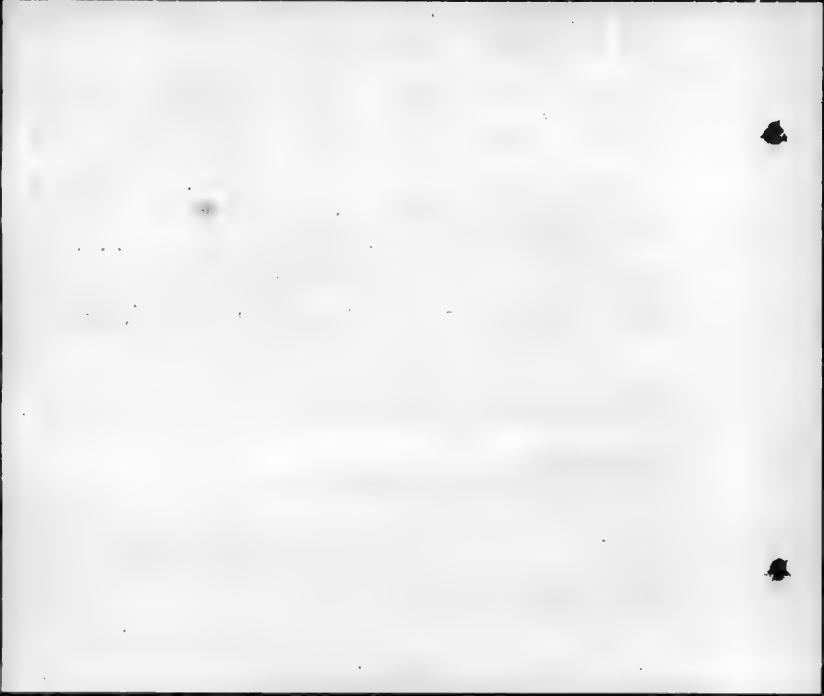
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6	440	OEKINI I		DEATT	•		Reg. Dist. N	o.	
1. PLACE OF DEATH o. COUNTY Prince George		MARYLANE	2 USUAL I	sealester Ta	HICHeceased	ived. If institution b COUNTY	n. Residence be		ision)
b CITY OR TOWN (If outside corporate I RURAL and give nearest tawn) Chevarly	mits, write c. LE	NGTH OF STAY IN 18 25 Days		or town (if a	sutside carpora	te limits, write Ri			m)
d NAME OF HOSPITAL (If not in haspital OR INSTITUTION		9)	Box	70 PRESS				ON	SIDENCE A FARM?
Prince General Ho	spital		II.					YES] NOV
3. NAME OF DECEASED (Type or print) Louis	First	Middle	Kutsc	last In	4. DATE OF DEATH	Mont	th I	Day	Year
5. SEX 6 COLOR OR RAC	E 7. MARRIED	NEVER MARRIED			9	AGE (In years last himbday)	IF UNDER 1 YEA	AR IF UND	ER 24 HES
Male White	WIDOWED [DIVORCED [Apr.	9, 189	9	09 yn.	Months Days		1
100 USUAL OCCUPATION (Give kind of wo during most of working life, even if reti- UPERVISER TAX ASSET	ed)	George 's				ntry)	12 CITIZEN		I COUNTR
13. FATHER'S NAME	nemp 210	acorge s	414	aryland er's maiden i			1 000	• 43.+	
Harry Kutsch				elia Cr					
15. WAS DECEASED EVER IN U. S. ARMED F	of service)		informant	oude Ku	tech S	Ardmo			
18 CAUSE OF DEATH [Enter only one			TTIEST T	OULS IN	AD CITAD	Land	over, Re	X.200	ETWEEN
PART I. DEATH WAS CAUSED BY	(: D)		0. 0	en 6 c	2-6-6		Ö	NSET AND	DEATH
4 20,0 DUE			1	4	-		0		
Canditions, if any, which }	Ho Mr	40 ac	erelio	e .	un/a	Lm	Land		
gave rise to immediate cause (a), stating the under-lying cause last.	10 Q	24.5	eler	= 62	2 14	Lde			
PART II OTHER SIGNIFICANT CO	ONDITIONS CONTR	IBUTING TO DEATH B	UT NOT RELATE	TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19 WAS PERFO YES Y	AUTOPSY ORMED?
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE)	206. DESCRIBE	NOON YRULMI WOH	RED. (Enler note	re of injury in I	Part I ar Part I	l of ilem 18.)		,	
20c. TIME OF INJURY Month, Day, Hour e. m.	While !	OCCURRED 20e. Not while	PLACE OF INJU factory, street, o	RY (Home, form office bldg., etc.	r, 20f. (City o	r lawn)	(Count	γì	(Slate)
21. I certify that I attended t	_#	om 1-10	, 19_	(U. to	2-12	19.	,that last	saw the	decease
alive an Feb. 12	, 12_59_,	, and that dea	th occurred	al 2:55	AM, fram	the causes a	nd on the d	ate stat	ed abav
ACTUAL SIGNATURE	5		мр	Head	ADDRESS (Sire	el, city ar tawn, i	Sol	2 %	ATE SIGN
PHYSICIAN'S A Deitz	5			Hyat	tsvill	e Md.	na me maker ner ugli ster iter tite tite ti		
220 BURIAL CREMATION, 226. DATE THEF REMOVAL (Specify) Burial 2/14/5	Fo	NAME OF CEMETERY				on (City, town, or Manor		(Sta	ie)
23 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	·	24a REC'	D BY REGISTR	AR 24b , REGIS	TRAR'S SIGNAT	URE	
F. Gasch's So	ns Hya	ttsville,	Md.	DATFER	1 6 '59	Car	in o the	iąd,	

IN MUSHIVAL OR NITERAING PHYSICKIN: The law requires that the death certificate be executed within 21 haurs ofter death. Page moy be retained by the hospital or attending physicion.

TO FUNERAL DI COR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours offser-death.

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Rec. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY / b. COUNTÍ Health, Page MARYLAND b. CITY OR TOWN III c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearly town) d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) NAME OF First Middle DATE Month DECEASED OF (Type or print) DEATH 5 SEY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED THE B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR foot buthdeyt WIDOWED [DIVORCED [10a. USJAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? pup during most of working life, even if retired) 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Ilf yes, give wer or dutes of service 18 CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (o), stating the underlying Ð couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY TO 20g. EXTERNAL CAUSE WAS FRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) factory, street, office bldg., etc.) a. m. While Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [7], Inquiry [4], opinion death resulted from: Natural causes IV. Accident Suicide [], Homicide [], Undetermined manner [] ō ord ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S To BE NAME (Type) DEPUTY MEDICAL EXAMINER [] 224. BUR AL CREMATION, 226. DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town. *EMOVAL (Specify) 0

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

A15ME

Gigora

e IS RES DENCE ON A FARM? YES NO

Yeor

19.5

GE UNDER 24 HES

Hours

NTERVAL DETWEEN ONSET AND DEATH

PERFORMEU? YES [

DATE SIGNED

(Stote)

NO P

(State)

Days

(County)

266. REGISTRAN'S SIGNATURE

240. REC'D BY REGISTRAR



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2224

CERTIFICATE OF DEATH

	ي در ال	A.	CER	IIFIC/	AIE C	r DEA	III			Reg. Dis	it. No.		
1. PLACE OF DEATH o. COUNTY Prince Ge	oorge		MA	RYLAND	2 USUAI 0 STA	residence Te Tyl and	(Where dece	rosed fi	b. COUNTY	on Residen	Ge oz	e odm ss nge	ion)
b. CITY OR TOWN (RURAL and give n Cheves		write	c. LENGTH OF STA	AY IN 16		or town	**		e limits, write R	URAL and g	jive neo	rest fowr	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, giv		oddress)		44-	EET ADDRESS					- 1		SIDENCE L FARM?
3. NAME OF DECEASED	First		Mide		1	Lost	4. DA	re	Mon	th	Doy	у	Year
(Type or print)	James		A.		inkins		DEA	ATH	Feb.				19 59
5. SEX Male		/- MARRI VIDOWE	IED NEVER MAR D DIVOR	CED 🌁	8. DATE OF	91		9	AGE (In years lost birthday)	Months Months	Days	Hours	ER 24 HRS Min
10a. USUAL OCCUPATE during most of wor	ON (Give kind of work do king life, even if retired)		S. Mail V					gn cavr	ntry)				COUNTRY
13. FATHER'S NAME		U	OF WHILE I	TOT IEG.		ATYLAT					U.S.	A.	-
James A					y j	si	mmons						
15 WAS DECEASED EVE	ER IN U. S. ARMED FORCI	ES? 16 :	SOCIAL SECURITY I	NO 17 I	INFORMAN				Addi	1511	J N	.E.	
				D	olly 1	. Pri	e,Sis	ter	Same	Washi	ngt	on,D	•C•
1 1	ATH [Enter only one count ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)_ DUE TO	C O	e for (a), (b), and ((c).]	æ!le	cse	, cid	-ce	la b	ory	INTE	RVAL BE	TWEEN
Conditions, if a	ony, which) (b)	fra	ilure	V						/			
couse (a), stating lying couse lost	A DUE TO	m	yoca	soli	ac	ni~	free	~0	Lion	~ .			
SCATIC	HER SIGNIFICANT CONDI	TIONS C	ONTR BUTING TO I	DEATH BUT	NOT RELAT	ED TO THE TE	RMINAL DIS	EASE C	CONDITION GIV	'EN IN PAR	[1(o)]!	9. WAS PERFO YES	RMED?
	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY	OCCURRE	D (Enter no	ture of injury	in Port I or	Port II	of item 18)				
Y 20c. TIME OF INJUING Hour o. m.	RY Month, Day, Year 19	20d. IN While of work	Nat while of work	20e. PL fo	ACE OF INI	URY (Home, f office bldg ,	orm, 20f. (elc.)	City or	fown)	(0	ounly)		(State)
	nat I attended the o	locacse	d from Feb	. 8	10	59 to	Feb 9		10.59	Alema III		un Alex	1
alive an_Fe	b. 9	, 12.5		at death	occurre	1014:1			the causes o	ind an th		le state	deceased ed above ATE SIGNEE
ACTUAL SIGNATURE	arkes C.	94	agene	10	M.D 22	08 to	arry	57	· Mt.K	THIE	n n	4.2	195
PHYSICIAN'S NAME (Type)			0 1								′	. /	
BURIAL CREMATIC	0N, 226 DATE THEREOF	9	ME NAME OF CE	METERY O	R CREMATO	RY	22d. 10	CATIO	IN (City, town, o	or county)		(Stot	e)
23 FUNERAL DIRECTOR	'S SIGNATURE	011 1	ADDRESS 3	9 -1	41	140 R	EC'D BY REG	GISTRA		STRAR'S SIC		E	
LOWN	-s 1 jaux		JAI	1		DATE		- 0	L-76 8.	mi 2. A	TOUR		



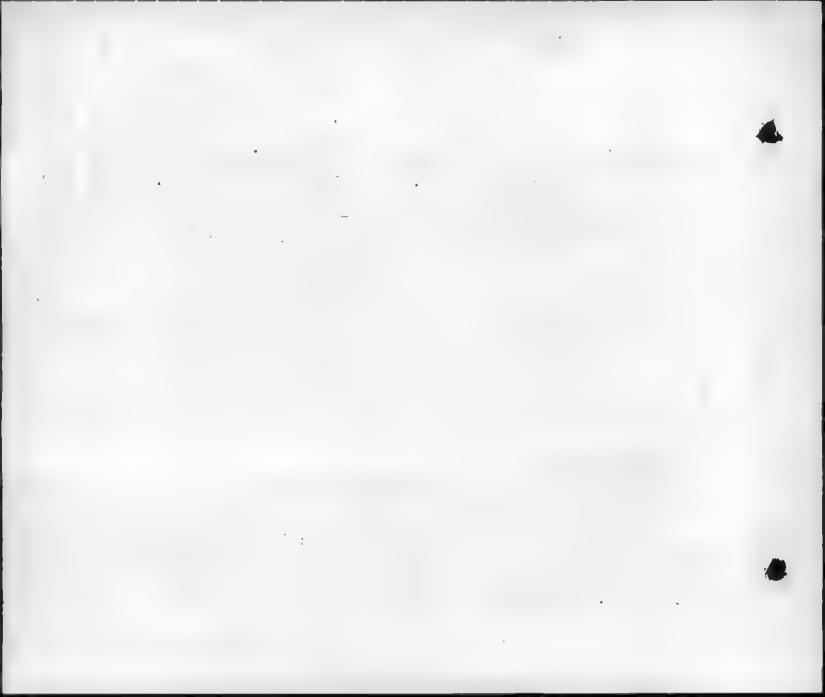
VS A15 (4) 15M 10/57

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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222 CERTIFICATE OF DEATH

0222()

1. PLACE OF DEATH					2. USUAL RESIDENCE	CE (Wh	ere deceased	lived If institu		e before od	mission)	
Frince Ge	eorge		MAR	YLAND	Marylan	ıd	Prin	ce Geor	ge			
b CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write c.	LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)							
Cheverly			19 days		Mt. Rai	nie	r					
d. NAME OF HOSPIT	At (If not in hospital, g	rive street odd	lress)		d STREET ADDR					e. IS	RESIDENCE N A FARM2	
Prince G	eorge Gener	al		1	4109 34	th	St.			YES	NO 🔼	
3 NAME OF DECEASED	Fi		Middle	9	Last		4 DATE OF	M	onth	Doy	Yeor	
(Type or print)	Geor		F.		Littl	.8	DEATH		b.	12	1959	
5 SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARR	IED 🔲	B. DATE OF BIRTH		1	AGE (In year last birthday	IF UNDER		NDER 24 HRS	
Mal e	White	WIDOWED	DIVORCI	ED 🗆	3-4-1876			82 y	Months .	Days Ho	urs Min	
	ON (Give kind of work king life, evan if refined	done 10b Kin	ash, Na	or indus	TRY 11 BIRTHPLACE	ef	hia!	Pa.	12 CITI	ZEN OF W	HAT COUNTRY?	
Tanna Ti	4474			1	Amy Hal	3						
Isaac Li		CESS ITA SO	CIAL SECURITY NO	D. 17 IN	FORMANT			. A.	ddress	_ 0		
	(If yes, give wor or dates of s		2	m	is Paris	2 8	=.7/	right	-	eb-c	ي کس	
	mmediale Dur To	Mu	lnone lfjele	ary	bereh	ta	erck	Celer	na		L BETWEEN	
	7 (0		(ZDIDLITILIO TO DE		. IOT OF 1 TOO TO THE	7700111						
PART II. OTH	HER SIGNIFICANT CON	DITIONS CON	ALKIBUTING TO DE	AIH BUI	NOT RELATED TO THE	ETERMI	NAL DISEASE	CONDITION	SIVEN IN PART	PE PE	REFORMED?	
206. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY O	CCURRED). (Enter nature of inju	ury in F	Port 1 or Port	If of item 18.)				
20c TIME OF INJUR Haur a.m. p. m.	Y Month, Day, Ye	20d. INJU While of work	Not while at work	20e PLA foc	CE OF INJURY (Home lary, street, office bld	e, form g., etc.	20f. (City	or Idwn)	(C	ounty)	(State)	
actual signature	Leon Ga	19.5 Lallo		95 deoth	2 19 16 00 19 19 19 19 19 19 19 19 19 19 19 19 19				and an th		he deceased toted above DATE SIGNED	
220 BURIAL, CREMAT O REMOVAL (Specify) BUNIAL	Feb. 16.1	959	20, NAME OF CEN	SLON	ac Exemple	ery	20 LOCATI	ON (City, low)	or county)	16	State)	
123 FUNERAL DIRECTOR!	S SIGNATURE FUNCTAL	140m	address e me 1	Pain	ier, mel 240	FE	BY REGISTR	AR 24b RE	GISTRAR'S SIG	TrairA		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2221
PLACE OF GIATH COUNTY PLACE OF GIATH PLACE OF GIATH
b. CITY OR TOWN the stands corporate hours, we be EURAL C LENGTH OF STAY IN 16 c CITY OR TOWER IM autified corporate Limits, write RURAL and give process lown)
STREET ADDRESS ON A FAFMY ON
DECEASED (Type or print) OF DEATH TO D
WIDOWED DIVORCED 12 20 18 8 heat brighday 11. Months Days Haurs Min 100. USUAL OCCUPATION (Give kind of work dane 166 KIND SIF 803INESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
To Printer's MAN D I A MOTHER'S MAN D I A MOTHER MAIDIN NAME D I A MOTHER MAIDIN NAME D I D
15. FV/S DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ANTORMANT Address (1991, 1994 war or dates of service) UNR LECT ACTIVE OF THE PROPERTY OF THE PROP
PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE [a) A COLUMN TENNER CAUSED BY. IMMEDIATE CAUSE [a) A COLUMN TENNER CAUSED BY. IMMEDIATE CAUSE [a)
Canditions, if any, which (b) Cardio rescular rene disease
(c), stating the underlying DUE TO couse test. (c). PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IP, WAS AUTOPSY
PERFORMED? YES NO IV
CAUSE OF DEATH.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or lawn) (County) (State) Hour a. m. 19 at work at work at work at work
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
ACTUAL SIGNATURE ACTUAL SIGNATURE DATE SIGNED
EXAMINER'S IN A THE RES TO STATE THEREOF TO THE RES TO STATE THE RES TO ST
Cremation 2-28-59 Lees Crematorium Washington D.C. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECD BY REGISTRAR'S SIGNATURE
Lee Funeral Home - washington D.C. Dates 2 159 246 Registrar 2 159 26 Registrar 2 159

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2224

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH b. COUNTY Prince	Georges	MARYLAND	o. STATE	ence (Where de			Residence bef			
B. CITY OR TOWN (If outsi	lown)	c. LENGTH OF STAY IN 16 6 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seabrook							
d. NAME OF HOSPITAL (IF	nat in haspital, give street ongton Ave	oddress)	/d. STREET A		hingto	on ave			DENCE FARM? NO 🛣	
3. NAME OF DECEASED (Type or print)	ga Em	ma mate	Cla m	ay 1.0		Month Febru	_	1	9 59	
	otor or race 7. MARRI hite WIDOWE	D DIVORCED	May 12,	1889	9. AGI	h last de la la	UNDER LYEA	R IF UNDE Hours	R 24 HRS. Min.	
100. USUAL OCCUPATION (Gi during most of working lif House	e, even if retired)	KIND OF BUSINESS OR INDI		in Germ			U S	OF WHAT	COUNTRY?	
13 FATHER'S NAME Unknow	wn		14 MOTHER'S	Unkno	WIL					
15 WAS DECEASED EVER IN L. [Yes, on or unknown) (If yes,	J. S. ARMED FORCES? 16. 1		informant lenry R N	iay K	ensin	Address gton	Md.			
Conditions, if any, we gave rise to immed cause (a), stoting the we lying couse last. Part II. OTHER SIDE OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OF INJURY Medical Control of the control of	DUE TO Thich light DUE TO CC	Not while	nia:	injury in Port I o	or Part II of i	iem 1B }	5 6)	RUTOPSY RMEO? NO []	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Jumbo H. Jam	- Kust es Rui	MD			causes and ty or town, sta	d an the di		d above. TE SIGNED	
DEMOVAL (Spacify)	26 DATE THEREOF 2/13/59	20c NAME OF CEMETERY Cedar Hill	_		iocation (d	d, Md.	county)	(Stoti	2)	
23 FUNERAL DIRECTOR'S SIGN		ADORESS yattsville M	d.	240. REC'D BY R		246 REGISTR	AR'S SIGNATI	JRE made [®]		

e funeral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be refacted by the haspital or attending physician.

© FUNERAL

CTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then phease remove carbon papers. Pages 1 and the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. may be relaized TO FUNERAL VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

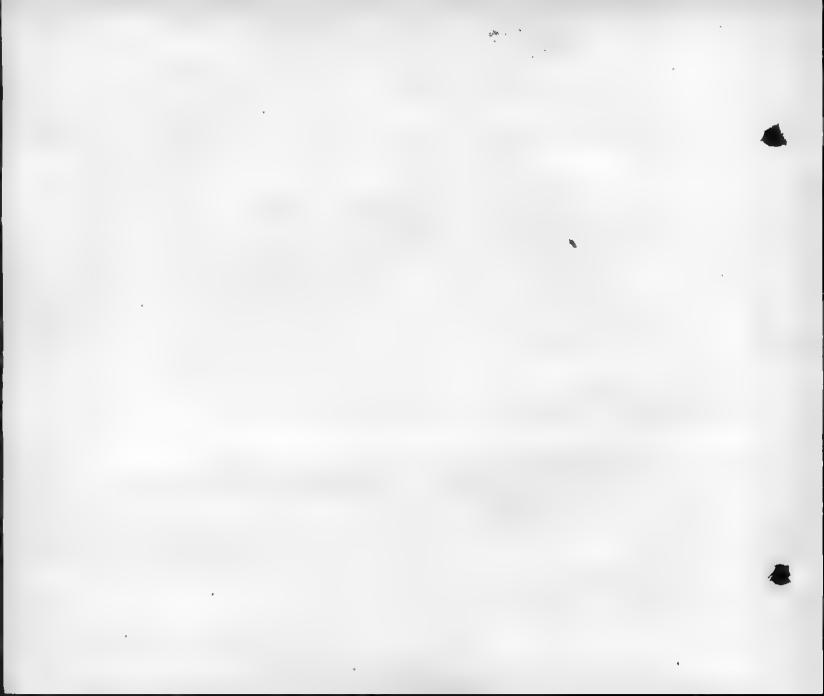
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2225 CEI

CERTIFICATE OF DEATH

Reg. Dist. No. 12223

1	Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on) o. STATE Haryland b COUNTY Brince George's
7	b CITY OR TOWN (15 outside corporate limits, write et. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autide carporate limits, write RURAL and give nearest town) X Bowie, Md.
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Prince George's General Hospital	Lanham Severn Road YES NO IS
3	NAME OF DECEASED (Type or print) James S Mc Brid	de losi 4. DATE Month Day Yeor OF DEATH Feb 15 1959
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	Sept 21, 1914
	Ob. USUAL OCCUPATION (Give kind of work done lob KIND OF BUSINESS OR INDUS- during most of working life, even if retired) Purching Agent Southern Oxygen Co	Tennessee USA
71	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
1	James Smith Mc Bride 5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117 H	Irene Cottrell
		spital record Cheverly Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), stoling the under-	ALINFANCTION INTERVAL BETWEEN ONSET AND DEATH IN HEAD PERSON
	lying cause lost. (c)	
ACITA CIBITORIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
- 1		D. (Enter nature of injury in Part I or Part II of item 18.)
14501041	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. PL/ fac 19 of work 19 of work 19	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tary, street, affice bldg., etc.)
	1 . 0 / 3	accurred atM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state) DATE SIGNED 2-15-59
L	NAME (Type) Alhert Roth	
2	20 BURIAL, CREMATION, REMOVAL (Specify) 2/18/594 Fort Lincoln	The state of the s
23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville Maryla	and pater 19'59 Line & Jours



HEALTH DEPT.

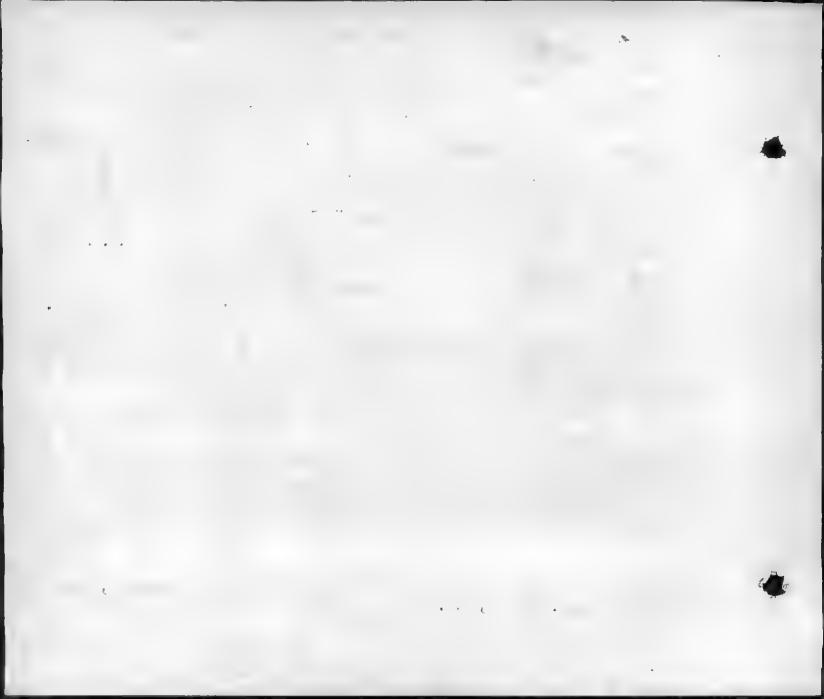
is necessary, please of vector. Page for your files. DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the operations, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the further should prworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain 1 FUNERAL LIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

9	Đ	4	5	
VS.	A	15	ME	
БI	VI 2	2/5	7	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		 4	4	4	4
_	Philips.				

	V. V			Reg. Dist. No.
PLACE OF DEATH		2. USUAL RESIDENCE (Where de	coosed lived It institut o	n Residence before admission)
o. COUNTY Prince Georges	MARYLAND	o STATE Maryland	b. COUNTY	Prince Georges
b. CITY OR TOWN (If orth the emporate limits, as to RURAL and give netwest lown)	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RL	JRAL and give nearest town)
Rvattsville	1 ½ years	Hyattsvil	le	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	Ditai, give street address)	d STREET ADDRESS		Te IS RESIDENT
Prince Georges General H	ospital	/ 5605 Mona	roe Street	YES NO E
3. NAME OF First DECEASED	Middle	Lost 4. DAT	E Month	Doy Year
(Type or print) Alice	Mc	Dermott DEA	тн Februar	y 2, 1959
SEX 6. COLOR OF RACE 7 MARRIES	D NEVER MARRIED 18	DATE OF BIRTH	9 AGE (In years IF	FUNDER TYEAR IF UNDER 24 HE
Female white WIDOWED	DIVORCED [2-25-1869	89 yrs.	Aonths Days Hours Min.
Oa USUAL OCCUPATION (Give kind of work dane 10b, KI during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign	in country)	12. CITIZEN OF WHAT COUNT
None		Scotland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		4
John M c Dermott		Mary Toul	Le	
The state of the s	SOCIAL SECURITY NO. 17 IN	FORMANT	Address	· w 2:
No	A	ngela Fitzgeral	ld; same ad	ldress as # 2.
18. CAUSE OF DEATH Enter only one cause per l'ne fe	or (a), (b) and (c).]	A UT MALINE W	THE THE PERSON	NTEFYAL BET WEN
PART I. DEATH WAS CAUSED BY:	Antoniogolenot	ic heart disease		ONSET AND DEATH
1 F 54 275 45	WI GET TOPCTETOO	TO HEAT A GIDGED!		
Condition II and which Y				
gave rise to immediate couse		-		
(a), stating the underlying DUE TO				
	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DIS	SASS CONDITION CIVEN	LINE DA BY 31-1150 MASS AUTORS
<u> </u>	TIMBOTH O TO DEATH DOT IN	DI KELATED TO THE TERMINAL DIS	TASE CONDITION GITEN	PERFORMED?
Hypertension 200. EXTERNAL CAUSE WAS 706 DESCRIBE	HOW IN HIS OCCUPANT IS	4 .4		YES NO
PRIMARY or CONTRIBUTING	HOW INJURY OCCURRED, (EN	ter nature of injury in Port I or Por	fil of Hem 18]	
	THE OCCUPED TO			
20c. TIME OF INJURY Month, Day, Year 20d IN While of wor		E OF INJURY (Home, form, 20f. (ry, street, office bldg , etc.)	City or town)	(County) (State)
p. m. 19 of wor				
21. I certify that I took charge of the re	emoins described abov	e, held an Autopsy 🔲,	Inspection 💽,	Inquiry [and 'n m
opinion death resulted from: Notural co	auses 📆 . Accident [], Suicide [], Homici	de 🔲, Undeterm	nined monner
0/		-		
SIGNATURE Som D Mailor	rey	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
	1	ASSISTANT MEDICAL EXAM	INER D Febru	lary 2, 1959
NAME (Type) John T. Maloney,	M.D.	DEPUTY MEDICAL EXAMINE		
	22c. NAME OF CEMETERY OR C	REMATORY 270 LC	CATION (City, fown, or o	county) (State)
Busine 2-4-1939	mx0	linet	Wash	J Da
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 131-	1 1 4 A 240 REC'D BY REC	SISTRAR 246, REGISTR	AR'S SIGNARURE
Alex Manth. al.		To the state of	1.9	and the



X	1 ~
Page 4	irector.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		222	6	CERTII	FICA	TE OF DEATH		1	Reg. Dist. No.	12225)
1.	PLACE OF DEATH o. COUNTY Pringe Ge	orge		MARYL	- 11	2. USUAL RESIDENCE (Who		institution OUNTY	_	George	
	b. CITY OR TOWN (If RURAL and give near Cheverly	outside corporate limi	ts, write	c. LENGTH OF STAY I	N Ib	East Riverda		write RUR			
	d. NAME OF HOSPITA OR INSTITUTION Prince Ge	orge Gener				/5513 MICHOL	son St.			e. IS RESIDENCE ON A FARM? YES NO	ķ
3.	NAME OF RU DECEASED (Type or print)	by fir	si	Middle C +	I.A.	c Gibbon	4. DATE OF Feb	. 15 th	Do	Year 59	
51.	emale	White	7. MARR	IED NEVER MARRIE DIVORCED		Dec. 16. 189	9. AGE (1 lost bit 68	n years III thdoy) yrs	Months Days	Hours Min.	5
10	during most of worki	N (Give kind of work on the life, even if relired ewife	,	kind of Business of own home	INDUST	RY 11. BIRTHPLACE (Stote of Ohio			12 CITIZEN O	A A	RY
13.	FATHER'S NAME					14 MOTHER'S MAIDEN N	AME				
15	WAS DECEASED EVER	William :		SOCIAL SECURITY NO	17 INS	Is	abel Shee	ts Addres			
ΪÝ		f yes, give wor or dates of s		none	-	id A Mc Gib	bon Melb		Flori	la.	
	PART I. DEAT	TH [Enter only one con the control of the control o	11	ne for (o), (b), and (c).)		REUMO	NIA			ERVAL BETWEEN ET AND DEATH)
	260 x	DUE TO	7	A BETIC	#17	4 F.LUT	() (2	5004	
	gove rise to im couse (o), stoting the lying couse lost.	he under-		ABUTE						Jan	7
ATION		ER SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN	IN PART I(o)	PERFORMEDO	,
CERTIFICATION	20g ACCIDENT WAS OR CONTRIBUTING I	☐ CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in P	ort I or Part II of item	16.)		YES NO	J
MEDICAL C	20c. TIME OF INJURY Hour o. m.		while	Not while	20e. PLAC focto	E OF INJURY (Home, farm, ry, street, office bldg , etc.)	20f (City or town)		(County)	(Slote	2)
~		at I ottended the		ed from	الاند	., 1953, to	2-15-	19.5.7.	that I lost so	w the deceas	se
	ACTUAL SIGNATURE	Tell.	نب ابدو	1000	деат с 7 2 м.	43.50	one ss (Street, city of the Road,			DATE SIGN	
	PHYSICIAN'S NAME (Type) Dr.	Albert R	oth				m, Md.				
220	BURIAL CREMATION REMOVAL (Specify) Burial	Feb 18,	1959	22c NAME OF CEME Fort L		CREMATORY In Cemetery	22d LOCATION (City Colman			(Stote)	

VS A15 (4) 15M 10/57

F. Gasch's Sons

Feb 18, 1959 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hyattsville, Md.

Fort Lincoln Cemetery

Colmar Manor, Md. 24a REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Cillar S. Kraus



the funeral director. That have be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL CLOR: After this certificate has been signed by the attending physicion and campletely filled in page 3 shaurs be detached for use as the burial-transit permit. Then please remove carbon papers. Peges 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/SS

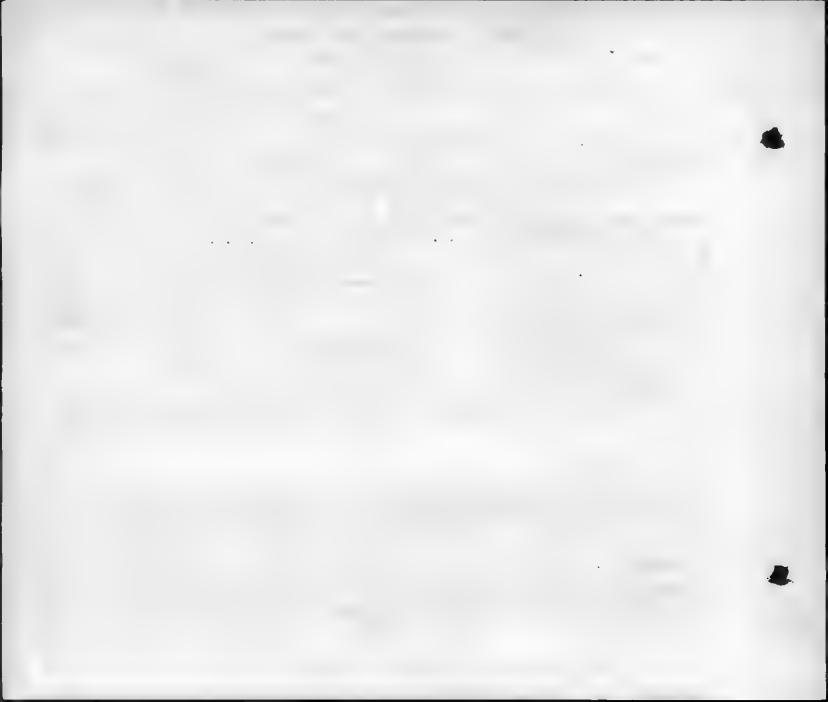
ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	16

2227 CERTIFICATE OF DEATH

Reg. Dist. No.

ί	ì	()	O	1)	j.n
	,	2	Z	4	4

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY
b, CITY OR TOWN (If outside corporate limits, write RURAL and give reporest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Laurel General Hop ital	d. STREET ADDRESS Box 412 Poute 21 Box 50 Poute 21 Box 412 Poute 21
2. NAME OF First Middle DECEASED (Type or print) Benjamin P	tost 4. DATE Month Day Year OF DEATH Pelpraise OF 1950
	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min Sentember 8, 1876
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) 10 tired Predge Inspector. U.S. Govern	1. // ()
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
หม่าน่า ปี เรียกรา	Dena Aitcheson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [Yes no or unknown] If yes, give wor or dates of service)	VFORMANT P. Mc Knew J. 18
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for 19 of work	INTERVAL BETWEEN ONSET AND DEATH ONSET
279, BURIAL, CREMATION, 22b. DATE THEREOF, PREMOVAL (SPECIFY) 22b. DATE THEREOF, Park OF CEMETERY OF PARK OF CEMETERY OF PARK PRINCIPLE APPRESS	R CREMATORY 22d. LOCATION (City, town, or country) (Stote) Lu Cientary alman Mann Md 240. REC'DAY REGISTRAR 24b REGISTRAR'S SIGNATURE
Ded itt Vanddaan faurel,	M OAIR 2 50 71-94-12



- 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		226 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1222
TEALTH DEPT		e. COUNTY D'UNE O GEORGE MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Manyland b. COUNTY Prince George
d of the		b CITY OR TOWN (It outside corporate I mill me to AURAL and give regress found) ALL Creat Houghts & year All Creat Heights d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS.
State B death.		2300 James Street 2300 month Day Year Month Day Year
d 3 to the 2 with the corr ofter	+	(Type or print) SEN G COLOR OR RACE 7 MARRIED WEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED Neg 21, 1888 70 yrs Months Days Hours M.n.
3. Poge 3. Poge and All Min 72 h		100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BUSTNPLACE (State or foreign country) Wing most of working life, even if retired) Reliable 12. CITIZEN OF WHAT COUNTRY? W. J. G. 13. FATHER NAME
form PM file pog y event	4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. HIFORMANT S. Address 44 809-00 of 305
tem 18. (stong with a permit.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cache Consequence heart facility.
in pencil in line in pencil in line in or remayol, or remayol,		Conditions, if any, which gove rise to immediate course [a], storing the underlying course lost. (c)
pending cal Exam esed as crematias	j	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO I
ief Medi hauld be burial,		20a EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part If of Item 18.) 20c AUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 201 (City or form)) (State)
Poge 3s		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20d (City or fown) (County) (State) While Not while of work 19 work 19 work 19 took charge of the remains described above, held an Autopsy 1, Inspection 1, Inquiry 1, and in my
orded ARCTOR: ed agent		apinian death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL . CHIEF MEDICAL EXAMINER . DATE SIGNED
	1 L	SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO DEPUT
5 A15ME 5M 2/57		J. L. M. Lee s. Jans Co. 300-47% 27 X.E DANEB 20'59 DANEB 20'59



FOR STATE HEALTH DEPT.

y is necessary please director. Page for your files. TO DEPUTY MEDICAL EXAMINER: This certif cate should be executed within 24 hours ofter death. If any delay is execute the certificate, writing the world "pending" in pendit in flem, 18. Give Pages 1, 2, and 3 to the further should.

4 should form IMA. Page 5 may be relified to the Cilief Medical Incominer's Office offing with form IMA. Page 5 may be relified FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the Silvar at its designated agent, privat to burial, cremation, at removal, and in any fevent within 72 hours after death.

VS. A15ME

5M 2757

13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02229

6113	Reg, Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admiss on)
o. COUNTY Prince George's MARYLAND	o STATE Maryland b. COUNTY Prince Goerge's
b. CITY OR TOWN III outside corporate family, we to BURAL c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
Hyattsville Maryland 5 years	Hyattswille Maryland
d NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street address)	d STREET ADDRESS • IS RES EN TE ON A FARMY
4112 Queensbury Road	4112 Queensbury Road YES NOTE
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) Oscar Emil Mes	sserschmidt DEATH Feb 2, 19 59-
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B white WIDOWED DIVORCED	May 9, 1892 9 AGE [In years IF UNDER LYEAR IF UNDER 24 HLS] Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	(RY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
Tool and Die maker Gischner Iron Wo	rks Germany Germany
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
August Messerschmidt	Clara Hesse
(Van on ar unknown) 1 (N year days are defeated service)	NFORMANT Address
	Mrs Liddy Messerschmidt Hyattsville, Md.
18. CAUSE OF DEATH [Enfer only one cause per line for (o), (b), and (c).]	INTERVAL BELIVEFIN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute conge	stive heart failure
LL = J. I DUE TO	
Conditions, if any, which) (b) Coronary oc	clusion.
gave rise to immediate couse (a), stating the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO A
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter noture of injury in Part I or Part II of item 18)
in 1 tente _ (40) write _	CE OF INJURY (Home, form, 20f. (City or lown) (County) (State) ory, street, office bldg., etc.)
2 p. m. 17 of wait of wait	
21. I certify that I took charge of the remains described abo	
opinion death resulted from: Natural couses . Accident	, Suicide , Homicide , Undetermined monner
ACTUAL DOMAS TO SAN alamen	DATE SIGNED
SIGNATURE STAMO. TI ASONEY	M. D. CHIEF MEDICAL EXAMINER
Example /	ASSISTANT MEDICAL EXAMINER February 2, 1959
NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER
220 BURIAL CREMATION 225 DATE THEREOF 220 NAME OF CEMETERY OF REMOVAL (ST. 1959) George Washing	Total Control of the
1 20 01 2000 acorge asirti	
W	246 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATE 3 3 Louison of Keaus



MARYLAND	STATE DEP	ARTMENT	OF HEALTH-B.	ALTIMORE,	18
000					

2264 CERTIFICATE OF DEATH

12251) Reg. Dist. No.

	o. COUNTY Pri	nce Georg	ges ¹	MARYL	UND	2. USUAL RESID	ence (who	_	d lived. If insti b. COUN	TV	Geo 1 s	•
ı	RURAL and give no			LENGTH OF STAY IN	J 16				prota limits, writ			
ı	RURAL-Rit	cnie		life		XRURAL -		ceni	е			
	7700 Whit	ehouse Ro	1., S	·E•		d. STREET AL		hous	e Rd.	S.E.	0	RESIDENCE N A FARM?
	3. NAME OF DECEASED (Type or print)	Fir	-	Middle		Lost		4. DATE OF DEATH		Month	Day	Yeor
ł	5. SEX	6. COLOR OR RACE	100	A a		MOC B. DATE OF BIRTH		DLATIO	9. AGE (In ye	eb.	20,	19 59 NOER 24 HRS
	Female	White	WIDOWED	_		April 1	, 19	05	lost birthdo	Manths	Days Ho	
-	10a USUAL OCCUPATIO	N (Give kind of work	lone 10b. KIN	D OF BUSINESS OR	INDUS	TRY 11 BIRTHPLA	ACE (State o	r foreign c	auntry)	12. C	ITIZEN OF W	HAT COUNTRY?
	Housewife	ing life, even if relired	Te	enent Ho	ne		7land			1	J. S.	A.
١	I. FATHER'S NAME	lbert Wir	ndsor			14. MOTHER'S						
4						Mary V	Vinds	or				
ı	15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR If yes, give wor or dates of s	CES7 16, SO	CIAL SECURITY NO		NFORMANT	_			ddress		
ı	No				Le	onard N	Moore	9	ame as	abor	76	
ATT CH	PART I DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (o		cnavii.	4)	Reclar	n- u	ril M	elasta	ion	ONSET A	ND DEATH
	gove rise to it couse (a), stating lying cause lost.	nmediote (Dus To		-	-							
ı	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEAT	H BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION	GIVEN IN PA	RT 1(o) 19. W	AS AUTOPSY REORMED?
	3	nou	- of -	unta_								O NO D
	PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OC	CURRE		unjury in P		t II of ilem 18)			
		Y Month, Day, Ye	ar 20d INBU	IRY OCCURRED	Oe PL	ACE OF INJURY (H			or town)		(County)	(Slote)
	20c. TIME OF INJUR Hour o. m. p. m.	19	While	Not while	foc	tory, street, office	bldg., etc.					
	21. I certify th	at Lattended the	deceased	from Fiel	1	6 1957	, to E	eb.	20.19	S. S. that 1	last saw t	he deceased
	alive an Fe	^		7, and that o			533 P	M, fra	m the cause	s and an		tated abave
	ACTUAL SIGNATURE	and eVa	71	etto		M.D. 54	YUM	Leli Leli	treet, city or to	rn, stole)	elfe.	2/20/59
	PHYSICIAN'S PA	1996 6,1	AN	Natte	<u>f</u>	We	ash	maj	In	28	0<_	
	220 BURIAL, CREMATIO REMOVAL (Specify) BUP181	2/23/5		2c. NAME OF CEMET Epiphany					TION (City, too		Md.	State)
	23. FUNERAL DIRECTOR			ADDRESS TT-	2001	2	24a. REC'E	BY REGIS	TRAR 24b. R	GISTRAR'S S	IGNATURE	
	Ritchie H	Bros .Fune	ral H	ome-Mari	per bo	ro, Md.	DATE FE	B 2 5	59	L %	2 / ward	



FOR STATE HEALTH DERT.

10 \$4a

TO DEPUTY HEDICAL EXAMINER: This certificate shalld be executed within 24 hours after death. If any delay is necessary, please execute the Ficate, writing the ward "pending" in pending in tem, 18. Give Pages 1, 2, and 3 to the funery director. Page 4 shauld be readed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State. And of Health, or its designated agent, prior to burial, cremation, an removal, and is any event within 72, hours after death

VS A15ME BM 2757

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2228 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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, ,	4	4	3	I

			· · ·					Keg. Uis	i, No.	
1. PLACE OF DEATH		1		- 11	2 USUAL RESIDEN					
F.	rince Geor	~~~	MARY	reand	o. STATE	aryland	1 B COUN	mPrin	ce G	eorge's
b. CITY OR TOWN and give reasest les	(If outside corporate timits, write in)	RUPAL	c. LENGTH OF STAY	IN 1b	CITY OR TOW	VN (II outside corp	porole limits, writ	e RURAL and	ve neares	t town]
Cheve	TAL OR INSTITUTION (II	f and in hospi	Dead on	arri	Vall	Morning	gside			PECANICALCE
Prince	George's						Road S.	E.	(DN A FARM?
3 NAME OF	Firs	1	Middle	4-	Lost	4. DATE	Mor	n#h	Dov	Year
(Type or print)	Charles]	Murr	ay	OF DEATH	Febru			19 59
5. SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIET	D 🔲 8. D	ATE OF BIRTH		9 AGE (In years lost birthday)			NDER 24 HRS
Male	White	WIDOWED (DIVORCED]				777yrs	Months D	ays Hou	rs M n
100 USUAL OCCUPAT	ION (Give kind of work ding life, even if retired)	one 10b KIN	D OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State or foreign c	ountry)	12 CITIZ	EN OF WH	AT COUNTRY?
Labore:	ing life, even if retired)	Ge	eneral		Unkn	.own		U	. S.	Α.
13. FATHER'S NAME				1	4. MOTHER'S MAIL					
Unkı	nown				Unkn	.own				
15. WAS DECEASED E	VER IN U. S. ARMED FOR		OCIAL SECURITY NO.	17, INB	PRMANT		Addre	36		
	ATH [Enter only one caus	se per line fo	s (a) (b) and (c)]			The section of the se		-	TINTERVAL BE	
	ATH WAS CAUSED BY	1	Acute con	nges	tive he	art fai	lure		ONSET AND	DEATH
111700	IMMEDIATE CAUSE (o)			0-~						400000 NO.
-W-X		(Cardiovas	Fring	on reno	7 digas	000			
Conditions, if			Jai alova,	SCUL	ai i cha	T WISE	156			
(a), stating the										
couse lost.) (c)_									A STATE OF THE PARTY OF THE PAR
PART II, O	THER SIGNIFICANT CONE	DITIONS CON	TRIBUTING TO DEAT	H BUT NO	RELATED TO THE	TERMINAL DISEASI	E CONDITION G	IVEN IN PART		AS AUTOPSY REORMED?
3									YES [
PART II. O' 200. EXTERNAL C. FRIMARY D or CC CAUSE OF DEATH	INTRIBUTING [DESCRIBE H	OW INJURY OCCUR	iRED (Ente	r nature of injury i	in Part I or Port If	of item 18)			
20c. TIME OF INJECT OF INJ		While	Not while of work	De PLACE foctory	OF INJURY (Home, street, office bidg	, form, 20f. (City j., etc.)	or fown)	(Совп	(γ)	(State)
21. I certify	hal I laak charge	of the re	mains describer	dabave	, held an Aut	topsy , It	spection	, Inquiry		and in my
	resulted from. N						4575	ermined m	t rumm.	-
		/ ^				1,	L.J. Grider	Cilinico III	anaer [_
ACTUAL	0 /	1	7	0	_ CHIEF MEDIC	AL EXAMINER (DAT	TE SIGNED
SIGNATURE		TH	Anth	-	A.D.	EDICAL EXAMINE				
EXAMMER'S NAME (Type	James I. H	Boyd	. /		The state of the s	ICAL EXAMINER [_	'ebrua	ry 2'	7, 1959
220_BURIAL_CREMATI			NAME OF CEMETE	ERY-OR CR	Solver	22d LOCAT	TION (C ty. town.	or county)	(5	itote)
23 FUNERAL DIRECTO	D'C SICAIATURE	("	-		-		must !	LAD!		
	K 3 3IGINALORE		ADDRESS		1.24n	REC'D BY REGIST	RAE 245 WELL	CISTRAR C. CICCA	IATHES	
	K 3 SIGNATURE		ADDRESS			REC'D BY REGIST		SISTRAR'S SIGN		



Green, wood

(Slote)

24b. REGISTRAR'S SIGNATURE Cathan &

Brooklyn.

240 REC'D BY REGISTRAR

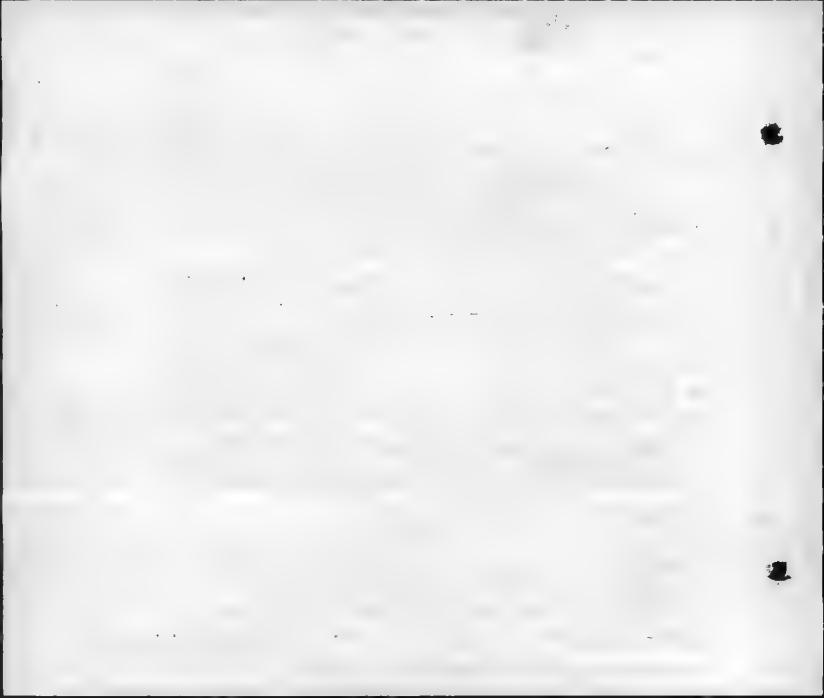
DATE

0 VS A15 (4) 15M 9/55

REMOVAL (Specify)

23. PUNERAL DIRECTOR'S SIGNATURE

BOVA





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funeral director,

1

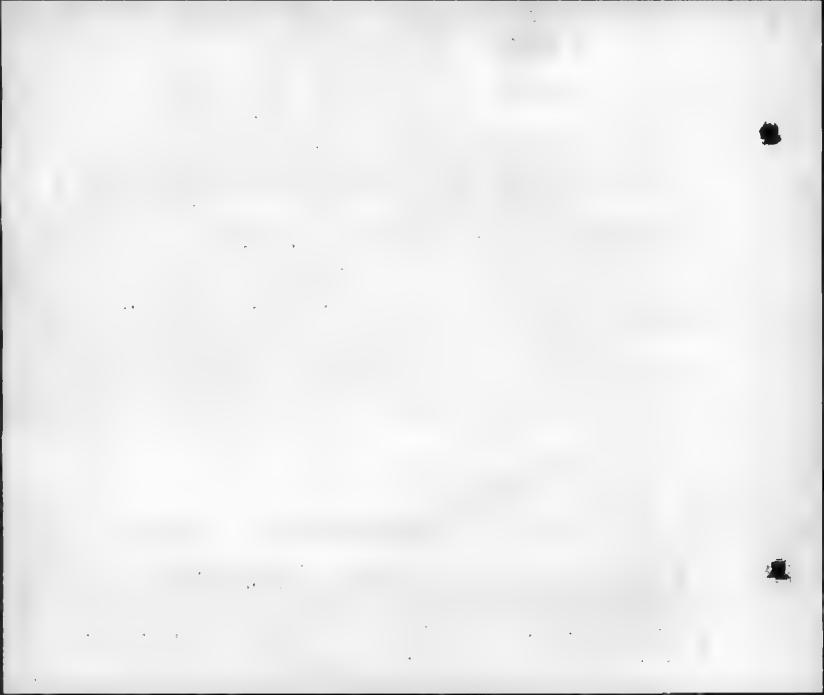
may be retained by the hospital or attending physician.

TO FUNERAL DI TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 the registrar prior to burial, crematian, or removal, and in any event within 72 haws-after death.

TO ==SmitAL OR ATTIND== PHYSICIA=: The law =quires that the death certificate be executed within 2= hours after death. Page 4

VS A15 (4) 15M 10/57

6693	QUALITY OF	AIL OF BLATT	Reg. Dis	it. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where de	ceased lived. If institution: Residence	ce before admission)
Prince Georged	MARYLAND	o STATE Maryland	b. COUNTY Pr	ince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	e c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	corporate limits, write RURAL and g	give nearest fown)
Cheverly	35 Minutes	Cheverly	•	
d NAME OF HOSPITAL (If not in hospital, give stre	et oddress)	d STREET ADDRESS		e. IS RES DENCE ON A FARM?
Prince Georges Gene	ral Hospfital	5905 Fores	t Rd	YES NO I
3. NAME OF First DECEASED	Middle	Lost 4. D	IE -	Doy Yeor
(Type or print) Constanti		Novicke o	EATH Fourty	11 19 59
5. SEX 6 COLOR OR RACE 7. M.	ARRIED TNEVER MARRIED	B DATE OF BIRTH	1	Days Hours Min
BURTO WILLOW	WED DIVORCED	10/8/87	(1 yes	Duys Hours Mill
Bookbinder (Retired)				IZEN OF WHAT COUNTRY
	Gov't Printing C		i, Minn.	USA
Andrew Novicke (Newick:	1)	Anna Ross		
, in the second				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes give wor or dotes of service) None		INFORMANT	Address C+	Characa I.a. Ma
No None	None Go	ruon A. Movicke,	, 5804 Dewey St.,	oneverly, md.
18 CAUSE OF DEATH [Enter only one couse pe	/ / /	6.1	h	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Kh. Cor	. Cerh o	celel.	4hr
oue to		5 cluster	Led.	Aune
Conditions, if any, which (b)	er leves	o celiota	V /4 F 42.	07K>
couse (o), stoting the under-				
lying couse lost. (c)				1
DIST. LUPUS SEA THE	VATUS TO DEATH BUT	CA OF VALAB	TELASE CONDITION GIVEN THE PART	PERFORMED?
3 RHSUMH-TOID AR	THRITIS	ULCUERHTIV	E COLITIS	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port 1 c	or Part II of item 48.)	
		ACE OF INJURY (Home, form, 20f clory, street, office bldg., etc.)	(City or town) (C	County) (State)
Hour c. m. 19 of t	wark at work			
21. I certify that I attended the dece	ased from gas 17	5-4, 19 to 11 F	1947, that I le	ast saw the decease
alive an 11 Fal 15	57 And that death		from the causes and an th	
1	1/		ESS (Street, city or town, state)	DATE SIGNE
ACTUAL SIGNATURE	2 Kehre	Mp. 3404 Cheverl		2/12/1959
PHYSICIAN'S	. / ,	Cheverly, Md	1.	***
NAME (Type) John Ke	hoe			
220 BURIAL CREMATION 26. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		LOCATION (City, lown, or county)	(Stote)
Burial Feb. 14th, 195	9 Fort Lincoln	Cemetery Col	mar Manor, Pr.Ge	o.Co., Md.
23. funeral director's signature W.W.Chambers Company, Ri	ADDRESS	24a REC'O BY R	REGISTRAR 24b REGISTRAR'S SIG	NATURE
M. W. Ottamper & Company, KI	TOLICATO, MATE	o⊼€8 1 6 'S	59 author 8 to	aced



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2.5	182	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2232 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY o. STATE **6. COUNTY** MARYLAND Prince Georges County Marvland Prince Georges b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION Hvattsville. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X Colesville, Prince Georges General Hospita 3 NAME OF Middle 4. DATE DECEASED (Type or print) DEATH Francis 19 KQ Joseph Orlando Feb 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 9 AGE (In years last birthday) Manths Dovs Hours WIDOWED [7] DIVORCED [7] Mal e Mhite 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPIACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Heavy Construction Washington, D.C. USA Electrician -- Foreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Orlando Amelia Kingini 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hyattsville P.O.Md. None 578-09-4707 None Mrs. Marion E. Orlando, 7215 Colesville Road 18 CAUSE OF DEATH [Enter only one cause per line for (q), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 420.1 **DUE TO** Conditions, if any, which ! gove rise to immediate DUE TO couse (a), stating the underlying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES 🗍 NO 🗐 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c, TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while at work of work p. m. 21. I certify that Lattended the deceased from that I last saw the deceased and that death accurred at 10:20 M from the causes and on the date stated above. alive an____ ACTUAL SIGNATURE PHYSICIAN'S

22c. NAME OF CEMETERY OR CREMATORY

Feb.11th.1959 Fort Lincoln Cemetery

22d LOCATION (City, town, or county)

240 PREGISTRAR

DATE

Colmar Manor, Pr. Geo. Co., Md.

24b REGISTRAR'S SIGNATURE

arthur & Kraus

VS A15 (4) 15M 10/57

NAME (Type)

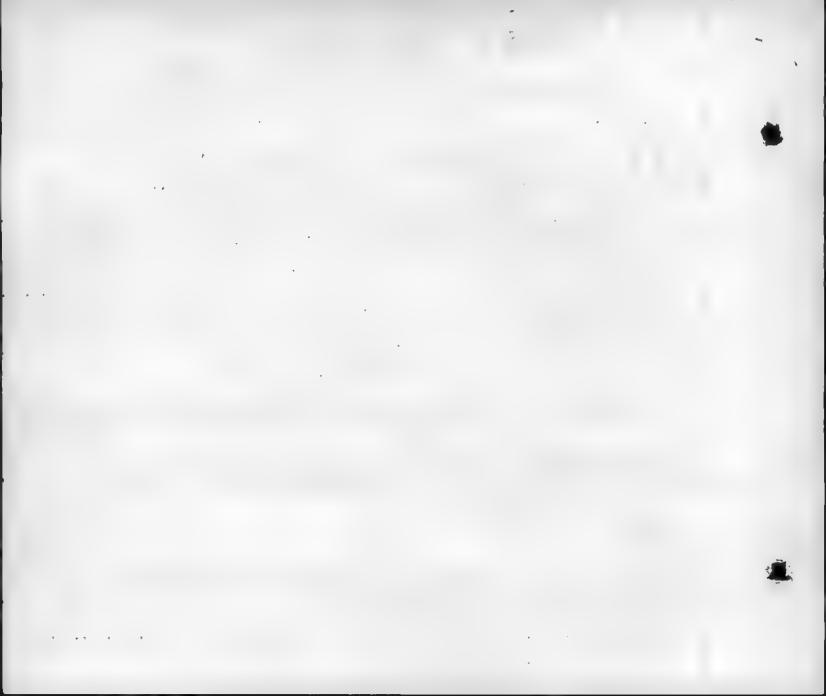
220 BURIAL CREMATION,

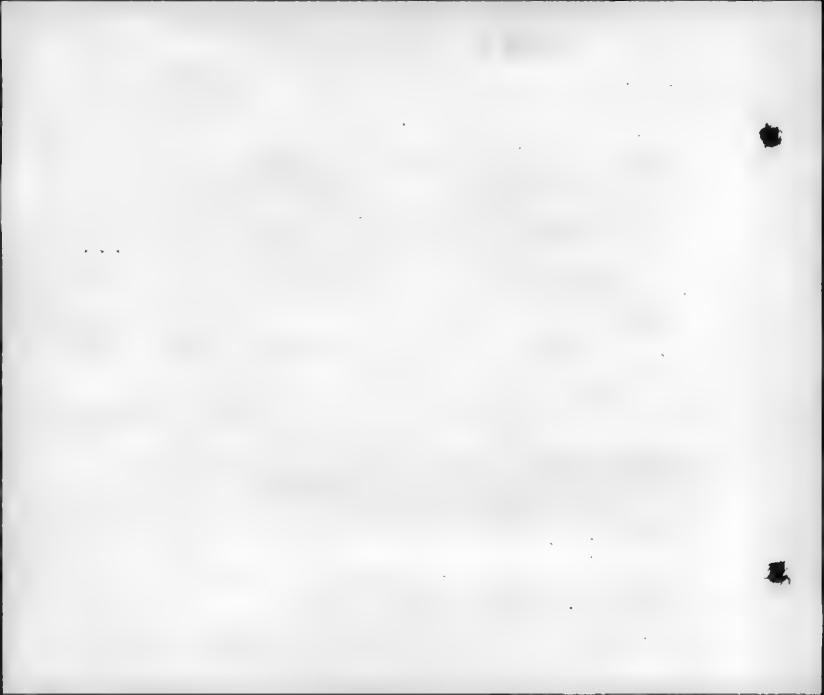
Burial (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

226, DATE THEREOF

W.W. Chambers Company, Riverdale, Md.





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12231. **CERTIFICATE OF DEATH** 2185 Reg. Dist. No. WIT 1. PLACE OF DEATH-A 2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) o. COUNTY 5. COUNTY MARYLAND (22.0.L.D. b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give-nearest town) d NAME OF HOSPITAL (If not in hospital, give street address). 7 d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Year Month Day DECEASED OF DEATH AUL (Type or print) 19= 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys W WIDOWED | DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done 10g. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) IUCKER COUNT 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME HURINH LILLIE 1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)e INTERVAL BETWEEN CUALLUL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (61 gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMIDIAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., atc.) Havr a. n. White Not while at work at work 21. I certify that I attended the deceased from Lithat I last saw the deceased that death occurred H. M. fram the causes and on the date stated above. DATE SIGNED SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22c_NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City fawn, or county) REMOVAL (Specify)

FUNER 9 15M 9/55

ロベフル 23. FUNERAL DIRECTOR'S SIGNATURE

246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

Outling & Thors

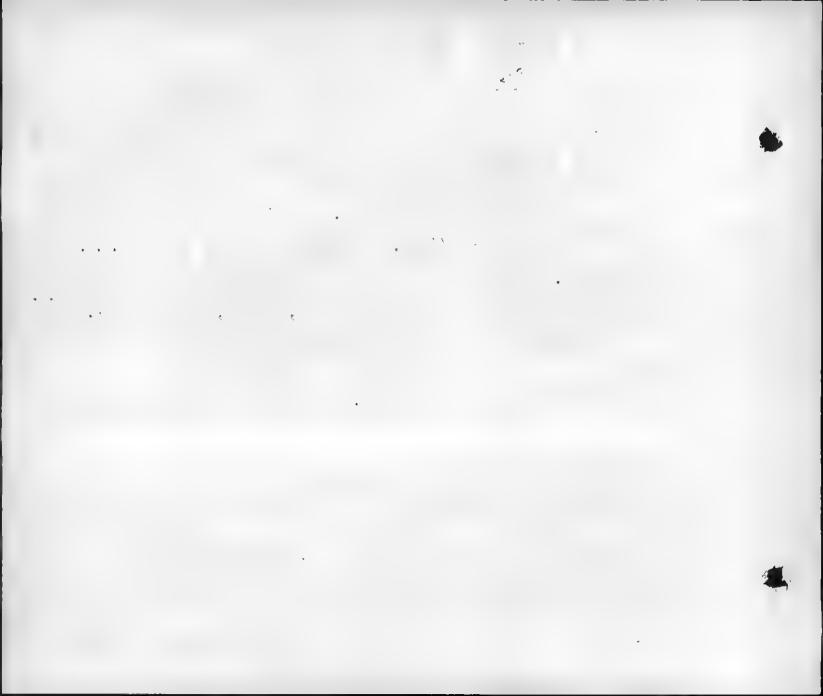


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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
2234	CERTIFICATE	OF DEATH	P.

02237

	See Fre	.0%	CERT	ILICA	TIE OF DEATE	1		Reg. Dist.	No.	
Prince Ge	or an		MAR	YLAND	2. USUAL RESIDENCE (What state Marvland		d lived. If institute b. COUNTY 1CE GEORE		before adr	nission)
	outside corporate limit	s, write	c. LENGTH OF STAY	r IN 1b	c. CITY OR TOWN (If o				e nearest fr	pwn}
Cheverly	,		22 days		* Bowie					
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	_			d. STREET ADDRESS				10	RESIDENCE N A FARM?
	orge Gener				<u> </u>				YES	□ NO □
NAME OF DECEASED	Fin	ș†	Middl	e	Last	4. DATE OF	Mon		Day	Yeor
(Type or print)	Bas				Queen	DEATH	2		22	1959
SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARR	IED 🔲 📗	B. DATE OF BIRTH		9 AGE (In years last birthdoy)			NDER 24 HRS
Male	Colomed	WIDOWE	D DIVORC	ED 🔲	Aug. 27 189	7	61 yrs	Mouth? D	loys Hou	ers Min
USUAL OCCUPATIO	N (G ve kind of work o	lone 10b	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12 CITIZ	EN OF WH	IAT COUNTR
Zorring most or work	ing me, even is temed)	_	ace Sad A	55.	Marvland			TT	.S.A.	
FATHER'S NAME		1. 40	aco pre no	204	14. MOTHER'S MAIDEN N	IAME			astanta.	
m1										
Thomas Qu		CETO IN	CONTRACTOR OF THE PARTY OF THE	0 127 15	Mary Eller	Quee				
	R IN U. S. ARMED FORE		SOCIAL SECURITY NO	5. I/ II	NFORMANT		153200	Consti	tutio	n N.E.
				Th	ones Queenw H	rothe		ington		
18 CAUSE OF DEA	TH [Enter only one co	nze be jil	e for (o), (b), and (c]]					INTERVAL	BETWEEN
PART I DEA	TH WAS CAUSED BY:	011	s phond	70	(Duralore				ONSET A	ND DEATH
high se	IMMEDIATE CAUSE (o)		Junion		- josar or	/ E,				
		6	ement/	1	Circheno	c /	40			
Conditions, if an	, (0)	<u> </u>	CITTIFICA	8 "	C 47(75410	2014	10.15			
couse (a), sloting (11	1. 21.1	,	5/2		Klerker	, ,		
lying couse fost) (c)		4/18/10	like	the the		001-700	() E		
PART II OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM!	NAL DISEAS	E CONDITION GIV	'EN IN PART 1		AS AUTOPSY REORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY O	OCCURRED). (Enter nature of injury in P	Part I ar Por	II of ilem 18.)			
20c. TIME OF INJURY Hour m. m.	Y Month, Doy, Yea	20d, IN	UURY OCCURRED	20e. PL#	CE OF INJURY (Home, farm	. 20f. (City	ar town)	(Co.	unlyl	(State)
Hour a.m.	19	While	Not while	foc	tory, street, office bldg., etc.)		(00)	,,,,	12:016
p. m.	- 17	of work	ol work							
21. I certify the	at I attended the	decease	d from		, 19, to			_,that I la	st saw th	ne deceas
alive on	i l	12	and tha	t death	occurred all 30 h	M. fron	n the causes o	ind on the	date st	ated abov
	11 -	4	,				reel, city or town,		00.0	DATE SIGN
ACTUAL SIGNATURE	XIICL	11-	122666	1	40.6311 XJa.	ico c	1.12x 1	-6-212-	iz Caes	4 2/2
PHYSICIAN'S NAME (Type)	_	1							Tia	7
BURIAL, CREMATION	N, 226. DATE THEREO	F	22c NAME OF CEN	AETERY OF	CREMATORY	22d LOCA	HON (City, town,	or Equaly!	15	tole) ,
REMOVAL (Specify)	2-26-	50				12	4 ()	. county	m	
EUNERAL DIRECTOR'S			ADDESS	()		100	were.	-	111	2
EUNERAL DIRECTOR'S	Tuneral Ho	y18-	359 /1200	400	land and 240 REC'I	D BY REGIST	RAR 246 REGI	STRÁR'S SIGN	ATURE	
Journal Con Con .	J. L. J.		Waite.	X1.0	DATELD	2 5 '59		. 7 "	11.4	



A. MABYEN HU

24a REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



(2)

re fureral director, sold be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DESTRICT After this certificate has been signed by the ottending physicion and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, cremation, or remaval, and in ony event within 72 hours after death.

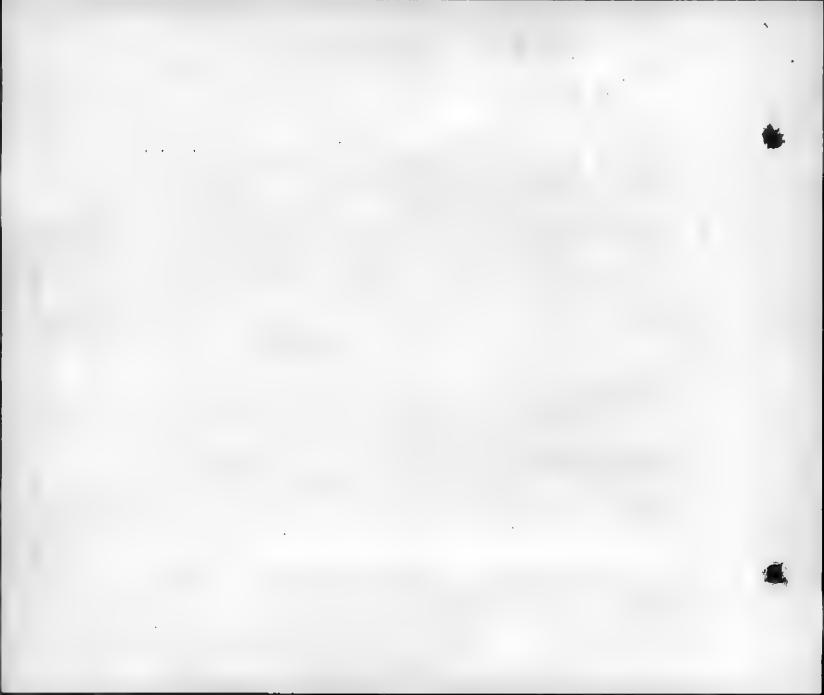
VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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2235 CERTIFICATE OF DEATH

12239 Reg. Dist. No.

1. PLACE OF DEATH			MARYLAND	a. STATE			d lived If instituti b. COUNTY			
6 CITY OR TOWN (IF	ce Georges outside corporate limits,	write c. LENGTH OF	STAY IN 15		<u>Marula</u> TOWN (If ou		prote limits, write R		िक िक्ता ive negrest to	
RURAL and give ner	prest fown)		and a second		ict He			o iz elio g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
d NAME OF HOSPITA	AL (If not in hospital, give	street oddress)		J d. STREET A		117411.05	j			RESIDENCE
OR INSTITUTION				7007	alker	14477	Read. S	E		A FARM?
3. NAME OF	rces Genera'	The state of the s	Middle	Los	1	4. DATE	Mon	# # # # # # # # # # # # # # # # # # #		Yeor
DECEASED (Type or print)	Roga	0		ardson		OF DEATH			Day 25	1950
5 SEX	6. COLOR OR RACE 7	MARRIED NEVER		B. DATE OF BIRT	н ,		9. AGE (In years	IF UNDER	TYEAR IF UN	NDER 24 HRS
Fenale	Wite W	/IDOWED 📆 DIV	ORCED 🔲	11/15	173		lost birthdoy)	Months	Doys Hou	rs Min.
100 USUAL OCCUPATIO		e 10b. KIND OF BUSIN	LESS OR INDU	STRY 11. BERTHPE	LACE (Stote o	or foreign c	ountry)	12. CITI	ZEN OF WH	AT COUNTRY?
Houseville	ng ure, even it retired)	1		Ma	ruland			11:	nitad	States
13. FATHER'S NAME				14 MOTHER'S					<u> </u>	India India India India India.
Sam	me of	faces	1	1	ml.	5-2-	rest			
IS WAS DECEASED EVER	IN U S ARMED FORCE	SP 16 TOPIAL SECURI	TY NO 17 II	NFORMANT			Add	resy 10 10	71160	6.9n.1
m_0	r yes, gave mor or numeror term	mon	- 77	20 Jeves	me	110	vrelf L	Pist h	colita	md
18 CAUSE OF DEAT	TH [Enter only one cous	per line for (o), (b), or	nd (c).]		, .				INTERVAL	BETWEEN
	H WAS CAUSED BY	Cerebro	1 2	hamme	Lose	-			3	ND DEATH
332X	DUE TO			A						,
Conditions, if an	y, which) (b)_	Sin.	ralia	ist o	ante	1110	clino	in s	10 h	unu
gove rise to in couse (a), storing t	mediate (0		1.0	_		V	7
lying couse lost.	(c)_	mitha	ulin.	ncles	du.	Hear	7 Deres	lice	'	
PANY II. OTH	ER SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19 WA	S AUTOPSY FORMED?
PANY II. OTH										NO [
OR CONTRIBUTING	CAUSE OF DEATH	6. DESCRIBE HOW INJ	URY OCCURRE	D. (Enter nature a	of injury in P	ort t or Por	t It of item 18.)			
20c. TIME OF INJURY Hour o. m.	Month, Day, Year	20d. INJURY OCCURRI While Not while of work of work	foo	ACE OF INJURY I	Home, form, e bldg., etc.)	20f. (City	or town)	(C	ounty)	(Stote)
	at I attended the d	/	1 - 1	103-7	7 . F	1/1	1059	46-4-1-1		
alive an	I delided ine d		مادسه مامساد	manus 173hafi.	7:23	1	n the causes o			e deceased
alive dil		Talkara, ond	mar aeam	accurred at			n the causes of treet, city or town,		e date st	DATE SIGNED
ACTUAL SIGNATURE N	illiam	Brain	in .	M.D. 612	y ci	ntre	1 Am		2	12/59
PHYSICIAN'S NAME (Type)	WM. BR	AININ		Ca	hits	PA	gla m	-/		***
220 BURIAL CREMATION REMOVAL (Spec by	226. DATE THEREOF	59 Est	E CEMETERY O	R CREMATORY		224 JOCA	MON (City, town,	or county)	rasy f	tote)
23 FUNERAL DIRECTOR'S	SIGNATURE SIGNATURE	ADDRESS	mation	700	240. REC'D	BY REGIST		STRAR'S SIG		W. Lang
14.64 (14.641)	THE WOLD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.00 1	/· / / _ /		1 43	- (1-24	1 9 M		



ADDRESS

Hyattsville Md.

Shilow Baptist Cemetery

248 FREC'O BY REGISTRAR

DATE FFR 9

2/8/59

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

IS RESIDENCE ON A FARM? YES NO W

195919

INTERVAL BETWEEN ONSET AND DEATH

24 hours

PERFORMED? YES NO T

(Stote)

Shilow Virginia

246 REGISTRAR'S SIGNATURE

(Stote)

0 VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN I foulside co po a e lim c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Dead on arrival X Silesia Cheverly e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 8251 River View Road YES 🔃 NO 🍱 Prince George's General Hospital 3. NAME OF Middle Lost ö Month Year DECEASED 19 59 (Type or print) DEATH February John Ruefly 9 AGE (In years 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO B DATE OF BIRTH HEUNDER TYEAR IF UNDER 24 HKS. lost b rihdays Months Hours 53 WIDOWED | DIVORCED TO August Male White 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Huckster Produce Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lucille Hawkins Oren Ruefly 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 901 Owensdr Road S.E. s f yes, give war as dates of service] Day no. or unknown! Benjamin Ruefly Oxon Hill, Mi. No 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (o) 5 X /. 0 DUE TO Gastric Hemorrhage , acute gastritis Conditions, if any, which, gave rise to immediate couse **DUE TO** (a), stoling the underlying Cirrhosis of the liver couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO I 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I at Part II of Hom 18.) Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or fown) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) While Not while of work at work 21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, apinion death resulted from: Natural causes 1, Accident 1, Suicide 1, Homicide 1, Undetermined manner **BATE SIGNEO** ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S should FUNER February 1. NAME (Type) DEPUTY MEDICAL EXAMINERS James I. Boyd 220. BUR AL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORA 22d LOGATION (City/Jown, or county) 23. RINERAL DIRECTOR'S SIGNATURE ADDIESS Y REGISTRAR 246. REGISTRAR'S SIGNATURE A15ME



VS A15 (4) 15M 10/57

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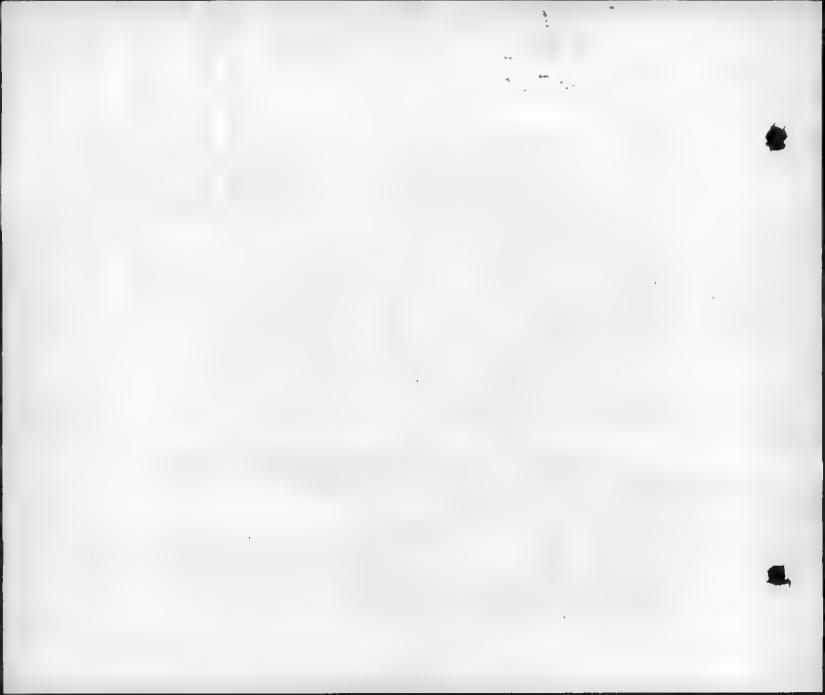
MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 18

2266

CERTIFICATE OF DEATH

Reg. Dist. No.

2			
)	1. [PLACE OF DEATH D. FOUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE b. COUNTY
		Wince Move Co	MU. PRINCE GEORGES
	3	b. CITY OR TOWN of outself corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give regrest toyon.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	1	d NAME OF HOSPITAL of not in hospital, give street address	d. STREET ABORESS AND LO. IS RESIDENCE
A		Tein Branch Navains dome	3705 37 Flace ON A FARM? YES NO NO
()	3.	NAME OF & FIFTH Middle	
		Type or prints Pauline Didle OI ga	144 DEATH Feb, 12 1959
	5 5	The state of the s	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24-IRS last birthday) Months: Days Haurs Min
	1	emale while widowed by DIVORCED	Dec. 25, 1875 83 m
	100	USUA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired) AT HOME	USTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
		Charles Gotton Kienó	Pauline Cooke
	15 1Ye	WAS DECEASEDEVER IN U.S. ARMED FORCES? 16 - OCTAL SECURITY NO. 17.	INFORMANT Address
		no None none	Jursine Home Records
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) (Enebra)	Hemorrhage 1 Hr.
		DUE TO	
		Conditions, if ony, which gove rise to immediate (b)	10 Historiosclerosis 10 yrs.
		cause (a), stating the under-	/
	z	lying couse fost. (c) (c)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
,	CATIO	TALL II. OTHER STORMERS CONDITIONS CONTINUED TO SEATH DE	PERFORMED? YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port II or Part II of item 18.)
	MEDICAL	Hour o.m White Not white f	PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) actory, street, office bldg., etc.)
	X	p. m. 19 of work of work	
		21. I certify that I attended the deceased from Jec. 2	1958, to Feb. 12. 1955, that I last saw the deceased
		alive on February, 1937, and that deat	th occurred at 4.00 M, from the couses and on the date stated above.
		ACTUAL D. O. 1/4 ages age	ADDRESS (Street, city or town, stote) DATE SIGNED
		SIGNATURE CI TTUGENCE	M.D. 308 1617 37. 117. 182/19/64, My. 20/12/3
		PHYSICIAN'S C. C. Hageage. M. T.	
	220	ACTIONAL CONTRACTOR OF THE PROPERTY OF THE PRO	OR CREMATORY 22d, LOCATION (City, town or county) COLAMAR MARIOR P. GOOD CO. MIT
	23	FUNERAL DIRECTOR'S SIGNATURE AODRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
	60	VILLICHTINGERS CO-KIVERDA	FEB 17'59 ONTINE S. Kraus



FOR STATE HEALTH DEPT. Solve Health, Possible Andrews Health, Possible

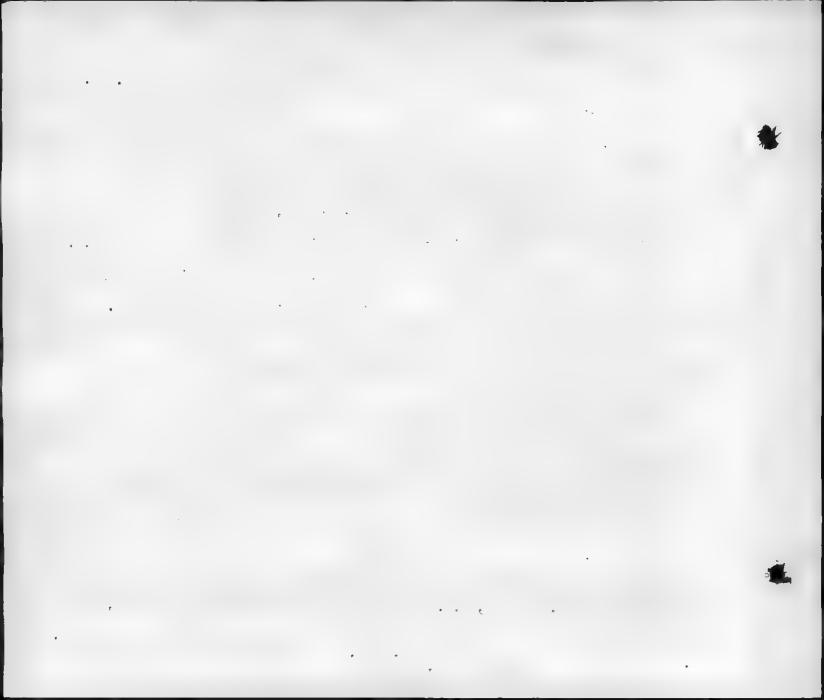
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
218 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

9224"

Reg. Dist. No.

I. PLACE OF DEATH a COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
	a coonii	Prince Ge	orges	MARYLAN	o. STAT	^t Mary]	and	b. COUN	ITY Pr	•Geo•	
b. CITY OR TOWN (If euroide corporate limits, write RURAL ond give readulations)				b c CITY	c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lawn)						
		sville		55 yrs		Hyatt	sville	9			
	NAME OF HOSPITA	L OR INSTITUTION (If nat in hos	pilal, give street address)	,d. STRE	ET ADDRESS				7	IS RESIDEN E
_		ragut Sti	reet		430	9 Far	ragut	Street			YES NO NO
	NAME OF DECEASED	Fü	si	Middle	_	Lost	4. DATE OF	Ma		Doy	Year
	(Type or print)	James	,		Severe		DEATH	Febru	- 0	18	19 59
5. 5	SEX	6 COLOR OR RACE	7 MARRIE	D 🚺 NEVER MARRIED 🗌	B DATE OF B	RTH	-0	9. AGE (in years log_brithday)	Months		UNDER 24 HRS
	Male	white	WIDOWED	DIVORCED [Jun	e 23,	1873	85 yrs		Days H	lours Min.
100	USUAL OCCUPATION	N (Give kind of work 1 fe, even if retired)	done 10b K	IND OF BUSINESS OR IND	USTRY 11. BIRT	HPLACE (Stat	e ar fareign	country)	12. CIT	IZEN OF Y	WHAT COUNTRY
	Retired	,	1	Engineer	Mar	yland				U.S.	A.
13.	FATHER'S NAME				14. MOTH	R'S MAIDEN	NAME				
	Ja	mes Sever	e:e		(harlot	te El	Lizabeth	Ship	ley	
	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	. INFORMANT			Addre	11		
2.41		in the fire not or edigt or		4	Martha S	evere;	same	address	as #	2.	
MEDICAL CERTIFICATION	Conditions, if an gave rise to immedito), staling the vicouse last,	ole couse of to deriving out to (c) consists of the couse	DITIONS CO The li Bb. DESCRIBE	HOW INJURY OCCURRED	tic hear	t dise	winal Diseas ort Lor Port II	l of item 18.)		(T 1(o) 19	WAS AUTOPSY PERFORMED? (State)
770	21. I certify the	John T. M. 22b DATE THERE 2/21/55	Notural control of	emoins described of ouses 10. Acciden	M.D CHIR ASSI DEPLOR CHIRALTON	EF MEDICAL ISSTANT MEDICAL JTY MEDICAL DD	Homicide EXAMINER CAL EXAMINER EXAMINER 223 LOCA	Febrution (City, town attsvill	uary 1	monner p	and in my DATE SIGNED 1959 (State) Md.
F	. Gasch's	-		sville, Mary		DATE			alus 2 2		
	10		ing the best	STALLES PIRTY	T CARECE	DATE '	the sea of	The same	RIMOT A 9	Lantia	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the TATE co.e., writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be corded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fils pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15ME BM 2757



VS A15 (4) 1SM 10/S7

ā. F

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2267	CERTIFICATE	OF	DEATH	

M

Reg. Dist. No.

02244

PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Res dence before admission) o. STATE Maryland b. COUNTY Prince George
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Beltsville, Md	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tyattsville Md.
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE ON A FARM
Eleven Cedars Nursing Home	6709 Queens Chapel Road,
3 NAME OF First Middle DECEASED (Type or print) Dora Belle	Stack Lost 4. DATE Month Doy Yeor DEATH February 14, 195
female 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 F 19 19 19 19 19 19 19
10o. USJAL OCCUPATION (Give kind of work done during most of working life, even if relired) Housewife own Home	STRY 11 BIRTHPLACE (Slote or foreign country) North Carolina 12 CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Wesley Lawrence	Irene Cox
	L Stack dyattsville Md.
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	Thrombours Interval Between ONSET AND DEAT
Canditions, if any, which) Orlarie se	Perotici cardio-Vaxuela
gave rise to immediate cause (a), stating the under. lying cause last.	iae
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOI PERFORMED YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED For PL While Not while at work of wo	ACE OF INJURY (Hame, farm, 20f (City or tawn) (County) (Strictory, street, affice bldg , etc.)
21. I certify that I attended the deceased from A sur	1058 to Freb 1059 to 11
En Russell	accurred at 2 M, from the causes and an the date stated of
ACTUAL SIGNATURE SIGNATURE	M.D 4713- Barry 179 2/15/5
PHYSICIAN'S W.L. ETIENNE	College Part, 14
220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY O Charlotte	OR CREMATORY 22d LOCATION (City, town, or county) (Stole) North Carolina
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville Md.	• PATFEB 1 6 '59 C 2 4- 2 700

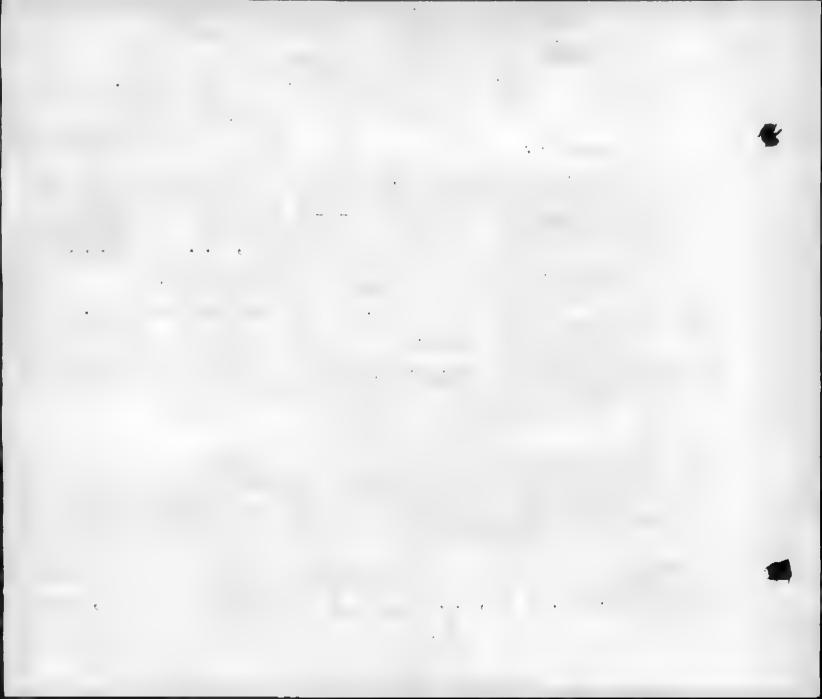


24o, REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

should FUNERA

23 FUNERAL DIRI



FOR STATE HEALTH DEPT.

To the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9224			2	2	4	{	ı
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Reg. Dist. No.

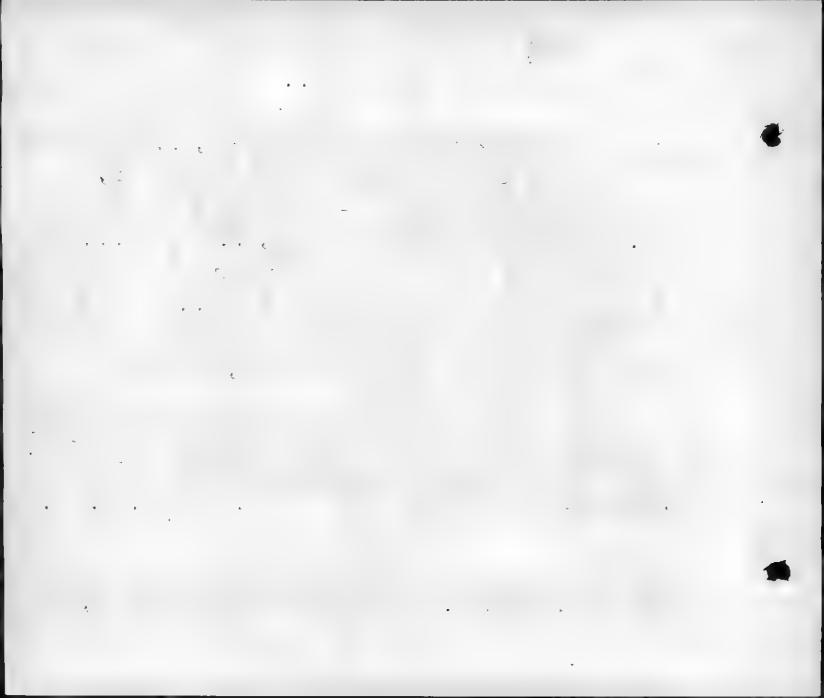
2237 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	ī	Ful	4	X	ł	Ì

1. PLACE OF DEATH				2. USUAL P	RESIDENCE (V	Vhere deceased li	ved If institu	ution: Residen	ce before	oquission)
e. COUNTY	Prince Ge	orges	MARYLAND	o. STATE	D.C.		b. COUNT	Υ		
b. CITY OR TOWN (stooded give records town)			c LENGTH OF STAY IN 16	c CITY	OR TOWN (I	outside corporal	e limits, write	RURAL and	give neore	st town)
	erly		DOA		Washi	ngton	11	71		š.
		lf not in hasp	pital, give street address)	d. STREE	TADDRESS					IS RESIDENCE
	orges_Gene	ral H	ospital	3525 Davis Street, N.W. YES NO.						
3. NAME OF DECEASED	Fir	s1	Middle		ost	4. DATE OF	Mont		Day	Yeor
(Type or print)	James	The second secon	7	ivan		DEATH	Februa	ry 1	9,	19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B DATE OF BIR	ITH	9 4	GE (In years	IF UNDER 1	Total Street	UNDER 24 HES
Male	white	WIDOWED	DIVORCED [6-11-	-39		19 yrs	Months D	ays Ho	urs Min.
10a USUAL OCCUPATIO during most of working	N (Give kind of work	done 10b K	IND OF BUSINESS OR INDUS	TRY 11 BIRTH	PLACE (Stote	or foreign count	71			HAT COUNTRY
Asst. ma		Re	estaurant	Wasl	ningto	n, D.C.		U.	S.A.	
13. FATHER'S NAME				14 MOTHER	S MAIDEN I	NAME				
Rich	ard Sulliv	en		1	Tirgin:	ia Saul				
15. WAS DECEASED EVE			SOCIAL SECURITY NO 17.	NFORMANT			Address			
Ne	(If yes, give wor or dates of	5	77-50-4970	Richard	i T. S	ullivan,	M.D. s	ame ad	dress	3
18. CAUSE OF DEAT	H [Enter only one cou	zse per line i	for (a), (b), and (c).]						INTERVAL I	BETWEEN D DEATH
PART I. DEAT	H WAS CAUSED BY:]	Hemorrhage and	i shock						
CLAX	DUE TO									
Conditions, If on			Severance of i	nferio	r vena	cava, r	upture	of		
gove r'se to immed	iote couse		er and spleen							
(a), staling the u	nderlying (c)									
Z PART II. OTH			NTRIBLTING TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE CO	NDITION GI	VEN IN PART	1(o) 19, V	AS AUTOP
PART II. OTH PART II. OTH PART II. OTH PART II. OTH CONCERNMENT III = CONCERNMEN										REFORMED NO
PRIMARY IN ME CON CAUSE OF DEATH.	SE WAS 20		HOW INJURY OCCURRED							CA61.*
	HINDEING ET	Opera	ator of an aut	omobile	e that	went ou	t of c	ontrol	and	turned
3 20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d II	NJURY OCCURRED 200 PL	CE OF INJURY	(Home, form	20f. (City or 1	own)	(Coun	1y)	(State)
20c. TIME OF INJUR	9. 10 19	KO of wor		tory, street, off	ice blog., etc.	Mt. Ra	inier	Pr. G	e0.	Md.
7.			emoins described ob		n Autons			Inquiry		ond in my
			auses \square , Accident	-		Homicide	,000		State of	
Opinion death	esolied fram: 1	AGIGIGI C	Accident	Dici	ne [],	omicide [_	, unaere	ermined m	unner (
ACTUAL SIGNATURE	when D	MA	Vaney	M.D. CHIEF	MEDICAL EX	KAMINER []			DA	TE SIGNED
SIGNATURE		1 1 2	The state of the s		TANT MEDIC	AL EXAMINER				
EXAMINER'S NAME (Type)	Tolon M 34-7	en er	MD			EXAMINER 3		THETT	10	1959
220. BURIAL CREMATIO	John T. Ma.	otie)	222 NAME OF CEMETERY O			228 LOCATION	mv .			(State)
BURIAL (Specify)	2-21-	.59	CONGRESS	44	CEM.	11/	INGTO		DO	7
23, FUNERAL DIRECTOR	S SIGNATURE	0				D BY REGISTRAR		STRAR'S SIGN	VATURE	
H. Don.	DE 1/2	7	1774 - Wie					71 7	/	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the process, writing the ward "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 shauld be a facted to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as buriol-transit permit. File pages 1 and 2 with the State of all Heathman or its designated agent, priar to buriol, crematian, or removal, and in any event within 72 baury offer death YS A15ME £M 2157





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2268

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE COUNTY
	PR. G-eo, MARYLAND	MARYLAND COUNTY PR. Geo.
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town) 3 400.	X SUITLAND
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS
5	OR INSTITUTION 5 - LOGIAN 5 T. SE	5115 LOGAN X SE VESTI NOTE
	3. NAME OF First Middle	Last 4. DATE Month Day Year
1	(Type or print)	TAULOR DEATH FEL 7 1059
1		119/8/
	MALE WHITE WIDOWED DIVORCED	8. DATE/OF BIRTH 9. AGE (In yours list birthday) 10
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
9	during most of working life, even if retired) FRIRMER	1/2 71.54
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
F	William H TAYLOR	Jane Porch
		NFORMANT Address
	(Yes, no, or unknown) (If yes, give war or dates of service)	111:00 H. Taylor - 5113-9074N
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	DUE TO	Birot-ago. When bod'
	Conditions, if any, which) the ET C 22 + 15 42 - (14	rZeriositinosis unkrus un
	gove rise to immediate	12.C11031(+11031)
	couse (o), stoting the under-	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
3	E 1 17-1 F- 11 2 20	PERFORMED?
	1	D (Enter noture of injury in Port I or Port II of item 18.)
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	center notice of injuly in Port I of Port II of Hem 16.)
		Cara Causo
	Hour a. st. While _ Not while _ for	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
		The state of the s
	21. I certify that I attended the deceased from factory	7
	alive an Felt 19 / and that death	occurred atM, from the causes and an the date stated above.
	The second second	ADDRESS (Street, city or town, stole) DATE SIGNED
	SIGNATURE - Proces C. C. Com Grant front for	M.D. 5 4403160-17/16/1945 E-
1	PHYSICIAN'S PAUL OF I THE MARKET	
2	NAME (Type) AUCC, LAAMACCA	Lite Winds will for J. E. 18
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
	Buria 2-10-59 Comporer	Cemelery Empour Va
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1661-6 Rd. (F. W. Sch	Hope 240 REC'D BY REGISTRAR DAS. REGISTRAR'S SIGNATURE
	Alexinens Brus. Frantone Rd. SE. W. 1454	DE DATE FEB 9 '59 Crima & House



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write Se c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) haurs ofter deat RURAL and give negrest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS oug NAME OF Middle 4. DATE Last DECEASED OF 24 (Type or print) within 6. COLOR OR RACE NEVER MARRIED an papers. DIVORCED [WIDOWED | cample executed 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired) and carban after 13. FATHER'S NAME 14, MI certificate move 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMA attending death 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** that è Conditions, if any, which permit. gave rise to immediate **DUE TO** catse (a), stating the underlying couse last. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF I factory, stre Hour o. m. While Not while at work 🔲 at work p. m. 21. I certify that I attended the deceased from and that death accur TOR: ACTUAL SIGNATURE priar ő a o D FUNERAL D Page 3 should HOSPITAL registrar PHYSICIAN'S NAME (Type 220. BURIAL CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMA

Trinity Cemeter

ADDRESS

Hyattsville, Md.

e. IS RESIDENCE ON A FARM? YES NO

Day

Rea. Dist. No.

b COUNTY

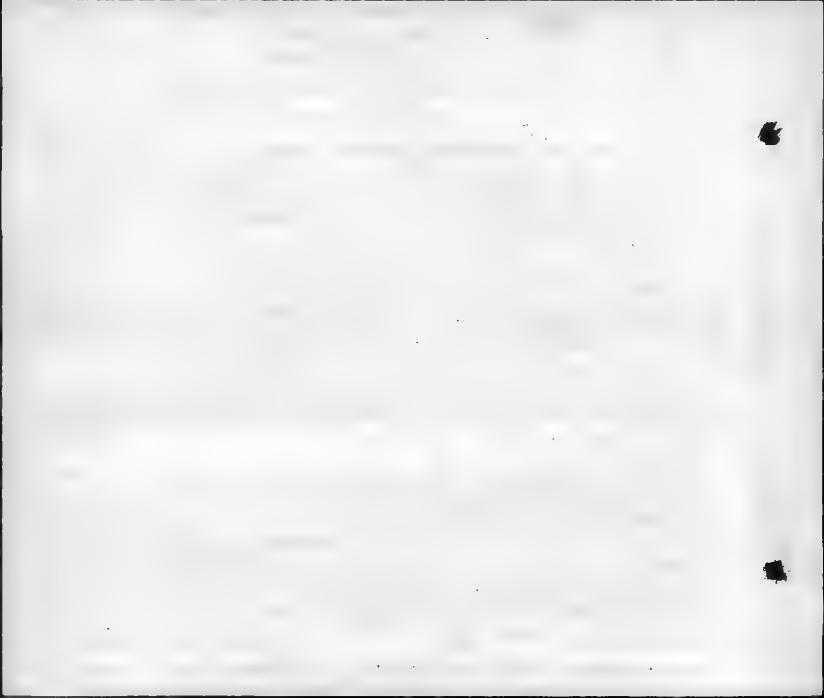
Month

171	KLCJ	DEATH		1-2	b	11	1	95 7
OF BIRTH			9. AG	E (In years	IF UNDER	LYEAR	IF UNDE	R 24 HRS
R1	0,18	80	los	birthdoy)	Months	Days	Hours	Min,
BIRTHPLA	CE (State of	foreign co	(לינותים		12. CI	TIZEN, O	F WHAT	COUNTRY?
61	KRIT	XE		MD		U	SA	
OTHER'S	MAIDEN NA	ME 3M		-				
SA	RAH	И	11	RT				
NT				Add	ress			
E ;	DAIS	YV	/ -	THR	LES		SAM	E
	,					INTE	RVAL BET	WEEN
2110	rak	998				1/-	2 AND	LE R
						1/	-/-//-	
	irte,	-		1	, N all			
	1-6	105	Col	40-	<u>N</u>			
ATED TO	THETERMIN	AL DISEASE	CON	DITION GIV	EN IN PAR	T I(o) 1	P. WAS A	UTOPSY
						1	PERFOR	NO M
noture of	injury in Po	rt I or Port	II of i	tem 18.1				THE STATE OF THE S
								•
NJURY IH	lome, form, bldg , etc.)	20f. [City	or tov	rn)	- [County)		(Stote)
-17 011140	alog / alc./	-						
1932	to	RE	56	20	thot I	last sa	w the	deceased
ed ot	745	M fran	a tha	-, -,		ha dal		d above.
	File	ODRESS (S)	rest c	ity or town,	state\	ne col	e store	a above. TE SIGNED
4-						-/	10	> SIGNED
ZQZ		10	51		408	Ebra.	11/	24
	1	1			I(-	5/11	100
							7	-/-
TORY	12	2d. LOCAT	ION (City, town, o	or county!		(Stote	
У		Uppe	r M	arlbo	ro,	Md.	10.010	
	24a. REC'D	BY REGIST	RAR	24b REGI	STRAR'S SIG	GNATUR	E	
	DATE	1 6 '59	3	1.	Inn 8	#		
	7 1.0	. 0 0			-w A	/ Charce		

0 9 VS A1S (4) 1SM 9/55 BULLAT (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Gasch's Sons



DATE SIGNED

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTRANTIANSt. Mary c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) e. IS RESIDENCE ON & FARM? YES X NO Yepr February IF UNDER I YEAR IF UNDER 24 HRS 12 CITIZEN OF WHAT COUNTRY? U.S.A. Chaptico, Maryland INTERVAL BETWEEN ONSET AND DEATH 1272m

WAS AUTOPSY PERFORMED?

YES NO 🕅

(County) (Stole)

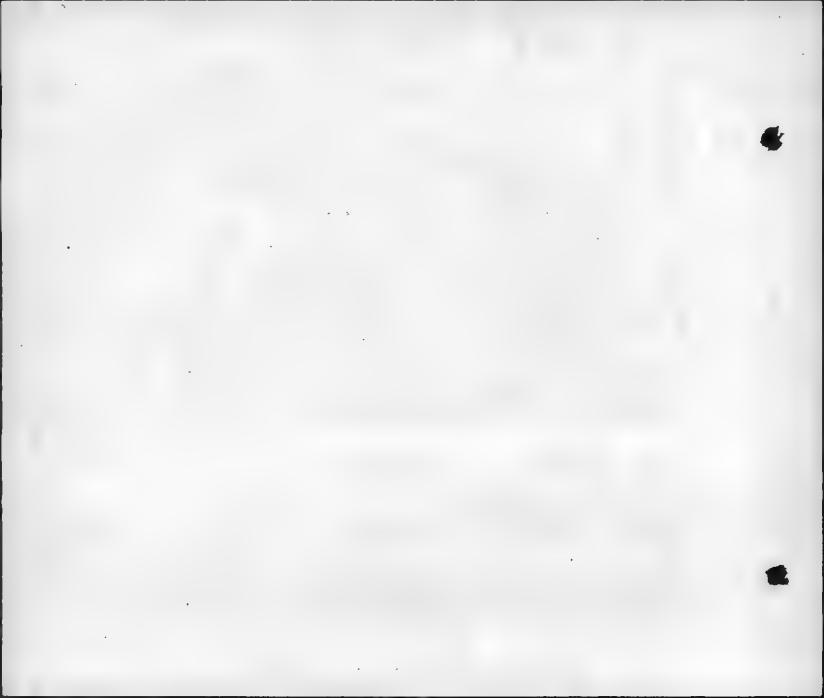
19.65, that I last saw the deceased

Mechanicsville, Maryland

(State) Maryland 24b REGISTRAR'S SIGNATURE

000=1

15M 10/52



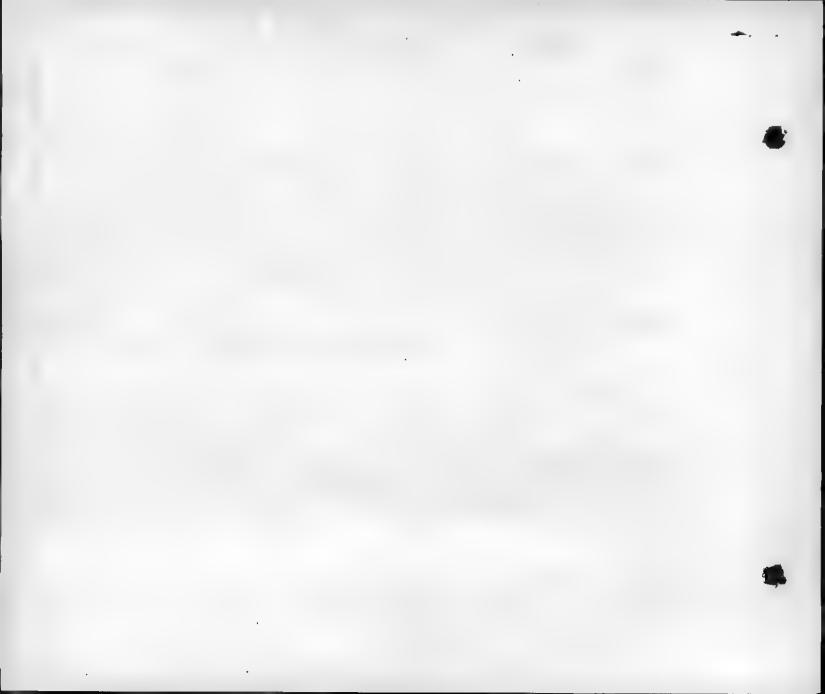
701		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOF STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HARLTH DEPT.	1.	PLACE OF DEATH 2239 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE Maryland b. county Prince George
Hed Feel		CITY OR TOWN (If outside corporate limits we le RUFAL ond give nearest fown) Cheverly Cheverly County or Town (If outside corporate limits, write RURAL and give nearest fown) Cheverly Cheverly Cheverly
	_	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARMA
79		Prince George's General Hosp. 6211 Field Street YES NO 1
ar dec		Type or print) Ruby Frances Moran Todd North Poy Year Death February 26 1959
0 to 10 to 1	5. S	emale White widowed Divorced D 2/1/25 AGE (n) year of Birth 9 AGE (n) year 15 UNDER 14 ART 15 UNDER 24 HR" 2/1/25 34 yrs. Months Days Hours Afin.
2, and 2, and 3	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? HOUSE WITE OF Columbia U. S. A:
20, 2, 4		FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Pag Pag Pag ent		Thomas A. Moran Ruby Bunce
Give my en	15, Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT NO. I yes, give wer or date of service James G. Modd Same as # 2
in pendi in Item, 18 sires. Office along winds. Office along in a burial-transit perm. In, as removal, and it		18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), and (c).] PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) UE TO Conditions, if ony, which gove rise to immediate cause (o), staling the underlying DUE TO cause lost. (c)
pending solutions solution	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY PERFORMED? YES 12 NO
Medical Series	CERTIF	206. EXTERNAL CAUSE WAS PRIMARY [] OF CONTRIBUTING [] CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18)
or to by	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour e. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (State) factory, street, office bldg., etc.)
Poll Pri		21. I certify that I took charge of the remoins described above, held an Autapsy . Inspection . Inquiry . and in my
orded CTOR: agent		opinion death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined manner
Orke		ACTUAL SIGNATURE DATE SIGNED DATE SIGNED
e the hid be graded be design		EXAMINER'S NAME (Type) A M C S I B D V d DEPUTY MEDICAL EXAMINER 1 2-27-57
P S S S S S S S S S S S S S S S S S S S	220	BURIAL CREMATION, 1226 DATE THEREOF 22c NAME OF COMMETERY OF CREMATORY 22d LOCATION & 14. lawn or sounty)
'S A15ME BM 2/57	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR SIGNATURE 1. 1. Lander Company Company Company Control of the State of th
		De la companya della companya della companya de la companya della

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death; Page

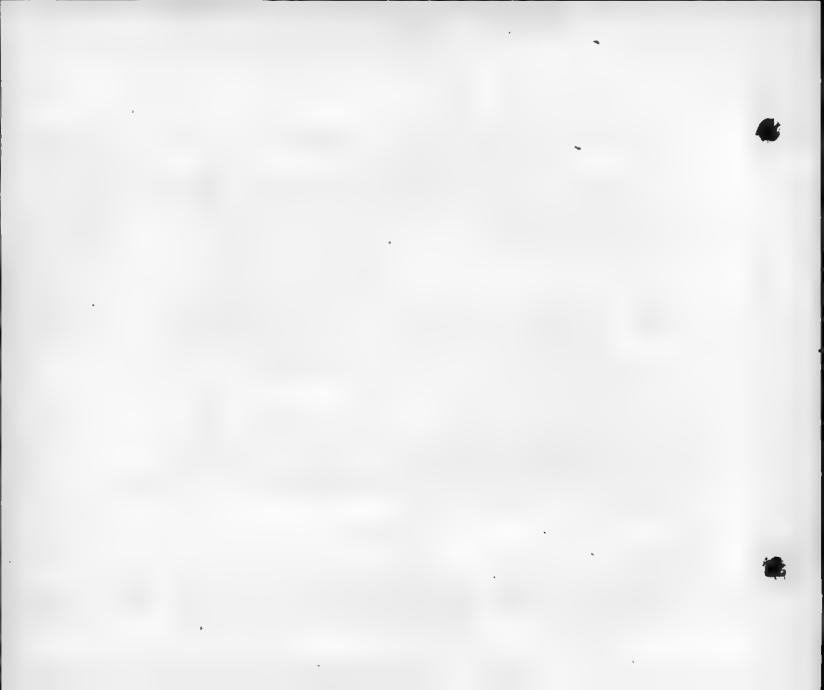
requires that the



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY **b** COUNTY Maryland Prince Geo. MARYLAND Prince George deoth: b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! Landover Hills Landover Hills VI'S. hours after d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE 7105 - Varnum street 7105 - Varnum street YES NO NAME OF Fiest Middle 4. DATE Day OF DEATH (Type or print) Walter James Van Horn 9. AGE (In years lost gerhdoy) 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Feb.11. 1866 Months Davs White Hours Mala WIDOWED A DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Retired Carpenter ofher 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Seneca C. Van Horn Ann Catherine Lonkins ove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 129, WAS AUTOPSY PERFORMED? YES NO BY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc. Hour a. p. Not while at work of work p. m. 21. certify that attended the deceased from that I last saw the deceased and that death accurred at (33) NM, from the causes and on the date stated above. alive an___ ADDRESS (Sizee), city or town, stole) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) Hageage George 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Cemetery Colmar Manor, Maryland Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE nally 's Funeral Home Inc. DATEEB - wait as The world 15M 9/55



EALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Req. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY S E Prince George's Maryland b COUNTY Prince George's MARYLAND hours after death. 6 b. C TY OR TOWN (If outs do corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and a ve nearest town) University Park Ad 17 years University Park. Md. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 4304 Van Bruen St 4304 Van Buren St YES NO NO 댶 NAME OF First Middle 4. DATE Month DECEASED Joseph Mc Naughton Vial (Type or print) Feb 24 10 59-DEATH 5. SEX 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days DIVORCED IT male white WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) S H A Retired Agriculture U of Md. Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicic Joseph Vial Carswells D Cragmile 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 219 34 2451 Peter F. Vial Silver Springs. attending ves 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c). INTERVAL BETWEEN ONSET AND DO PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 420.0 Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? 0 YES NO DE 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) o. m. factory, street, office bldg., etc.) While Not while of work of work 21. I certify that Lattended the deceased from "that I last saw the deceased And that death occurred at .M, from the causes and on the date stated above. ADDRESS (Street, city DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Typo) FUNERAL 220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) bode (Stote) La Grange Illinois 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) F. Gasch's Sons Hyattsville Maryland. 15M 10/57



havrs ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF I	HEALTH-BALTIMORE, 18
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CERTIFICATE OF DEATH 2241

0225€ Reg. Dist. No.

PLACE OF DEATH a. COUNTY This is a figure of the county	0		MARY	EAND	2 USUAL RES	DENCE (Wh	ere deceased	lived. If instituti b. COUNTY	on Residence	e before	admission)
b CITY OR TOWN (If out RURAL ond give nearest		write c.	LENGTH OF STAY	/	e CITY OR	TOWN (If o	utside corpor	ate limits, write R	URAL ond g	ive negre	s! lown)
d. NAME OF HOSPITAL (III	Leat in benefital and	street odd	<u> </u>	12.00	bj.,	T					10 Destanting
OR INSTITUTION					d. STREET					1	IS RESIDENCE ON A FARM?
	rcl Genova	1 Hon	nitel		306 M	, μ, άι	1°77 5V	٦.			YES NO NO
3. NAME OF DECEASED	First		, Middle		lo	st	4. DATE OF	Mor	ith	Day	Year
(Type or print)	Ellen		S		Welling	7	DEATH	Feb	yan ura	27	19 5 ^
5 SEX 6. (COLOR OR RACE 7	MARRIED	NEVER MARRI	ED 🗍	B DATE OF BIRT	H	19	AGE (In years	IF UNDER	YEAR IF	UNDER 24 HRS
`~1 le		IDOWED			August	12, 13	875	lost birthday) 83 yrs.	Months	Days I	Hours Min
100 USUAL OCCUPATION (C	ive kind of work don	e 10b. KIN	D OF BUSINESS C	OR INDU				intry)	12. CITI	ZEN OF	WHAT COUNTRY?
during most of working I	ite, even it retired)	1 4	Lanca			irgini				115	0
13. FATHER'S NAME #	770	-	- CMC		14. MOTHER'S			7			<i>a</i>
China and	M	1	17		1		. 10	1	7	/	
15. WAS DECEASED EYER IN	reng//	2/14 500	IAL SECURITY NO	17 1	NEGRMANT	cery	/0	Add	uca		
	give wor or dates of service		.IAL SECURITY NO		MANAGE	,1	n	. ^00	/	1	m. 11
no		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ucy	1011	2167.	2 ,00	zun	el,	1111
18 CAUSE OF DEATH	Enter only one couse	per line fo	or (a), (b), grey (c)	1 ,	1	-	1 0	, ,	1 -	INTER	VAL BETWEEN
PART I DEATH V	AS CAUSED BY: SEDIATE CAUSE (0)	1/2	1/1/2	10	1100	a /	16	· DAC	ton	ONSE	ANO DEATH
lengte g	DUE TO		7					THE		4-7-	and the
Conditions, if any, v		18	VOVI.		a Dea	-//	-	1100-	+111:	1 1/	1/1/12
gave rise to imme	digte (0)	100	unc	2	reer	-2-6-		rear	felly	11C	· cpro
cause (a), stating the <u>u</u>	nder- DUE TO	list.	2	/2	1		//) r	1	11-	11.
lying cause lost.) (c)	NA	W.	(0	reer	1	awe.	Croal		1	yen
DART II. OTHER S	GNIFICANT CONDIT	IONS CON	THRUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GA	EN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
3 Man	eric	111	eer ?	- 1	1/111	PMI	18/	-111	cur		res NO
200 ACCIDENT WAS UN OR CONTRIBUTING	DERLYING [20	b. DESCRIB	E HOW INJURY O	CCUPLE	D (Enter noture o	of injury in P	ort I or Part	If of ilem 18)			
OR CONTRIBUTING C	CAL EXAMINER)			V							
\$ 20c TIME OF INJURY M	onth, Doy, Year	20d. INJUI	RY OCCURRED	20e. PL	ACE OF INJURY	Home, farm,	20f (City	or town)	(C	conty)	(State)
Hour o, m,		While	Not white	for	ctory, street, offic	e bidg , etc.)		,-	,,	,,
		ot wark [41		1/2 400				
21. I certify that I	attended the de	eceased	from 2-/-	20.	19.32	10.7	12-1	1953	that Eli	ast saw	the deceased
alive on 2/1	1/42-1	19 (2	7_, and that	death	occurred of	12-57	M, from	the causes	ind an th	e date	stated above.
/ \	E/11 -	10	$^{\prime\prime}$, \wedge					sel, city or lawn,			DATE SIGNED
ACTUAL SIGNATURE	\mathcal{L}	1/	1/1/5	11	was -	- 4	1-11	12-	1	7	123/1
//	106	U					>-4-3-5				-f-sk-f-l-l
PHYSICIAN'S NAME (Type)	I.M.W	ARY	9 + 1/						,		
220 BURIAL, CREMATION, 2	25. DATE THEREOF	22	RE NAME OF CEM	ETERY O	B CREMATORY		204 10047	ONL (C.b., town			
PEMOVAL (Specify)	n.1.	0.7	15 7	/			1	ON (City, town,	ar county)	2	(State)
French !	auch /	757	MIR	de	and CR	m.	M	gula	nd	10	41
23. FHINERAL DIRECTOR'S SIG	NATURE	1	ADDRESS		1 % 1	24a. REC'D	BY REGISTA		STRAR'S SIG	NATURE	
We Will K	Tradel	-3-Th	Kan	116	me	DANAR	3 .59	Catt	w. 8 to	COLLA.	



FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detay is necessary, please execute the of State, writing the word "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be "faced to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perput. Elle pages 1 and 2 with the State 2, and 1 health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS A15ME 5M 2,57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2183MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Reg. Dist. No.

		CT93_								Reg. Dist. No	
Ti.	PLACE OF DEATH	The second	-		T	2. USUAL RE	SIDENCE (V	There deceased	I I ved th institut	ion Residence befo	re admission)
	o. COUNTY	Prince Geo	orges	MAR	LAND	o. STATE	Mary	land	P COUNTA	Pr. Geo)a
-		outs de corporate il milis, write		c. LENGTH OF STAY	IN 1b	c. CITY O	100 K 400		role limits, write	RURAL and give ne	
	and give nearest town.	attsville		E		15	-				
-		L OR INSTITUTION (f not in hosp	j year		d STREET		tsville	-		e 15 RE. DLN t
	/	37th Avenu				1		7th A	venue		YES NO
3	NAME OF DECEASED	Firs	1	Middle		Los	.1	4. DATE OF	Month	Doy	Yeor
	(Type or print)	Cora	V	ictoria	Werdi	g		DEATH	Februar	y 17	19 59
5.	SEX	6 COLOR OR RACE	7. MARRIEI	NEVER MARRIE	0 8 0	ATE OF BIRT	Н	9			IF UNDER 24 HES
	Female	white	WIDOWED	DIVORCED		11-26-	1883		75 yrs	Months Days	Hours Min
10	. USUAL OCCUPATIO	N (Give kind of work of	lone 10b KI	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPI	ACE (Stote	or fareign cou		12. CITIZEN OF	WHAT COUNTRY
	during most of working	g lire, even it relifed)		None		Vir	ginia			II.	S.A.
- 1	3. FATHER'S NAME			21 4220	1	4 MOTHER'S	- Carrier				13 422 4
	Samuel	Clem				E1.3	en F	rances	Hess		
	5, WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INF	DRMANT	CII I	Tellcoo	Address		
T I	NO.	(If yes, give war or doles of i	erwce)		Su	san Fr	ances	Van Ho		e address	25 #2.
-		H (Enter only one cau	se per line fe	nr (a) (b) and (c)]	1 00				Jan, 0020		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	PART I. DEAT	H WAS CAUSED BY:	8 m	terioscler	otic	heart.	disea	E6		ONSET	AL ZETWEEN HTA3D DAA
1	420.0	IMMEDIATE CAUSE (0)	477	001 1000101	0020	11000	CLEOCA				_
Н		DUE TO									
	Conditions, if an										
	(a), stating the u					- 4					
1.	Couse lost.) (c).		Maria Maria							-
Correle Africa	PART II, OTH	ER SIGNIFICANT COND	DITIONS CO	NTRIBLTING TO DEAT	H BUT NO	T RELATED TO	THE TERM	NAL DISEASE (ONDITION GIVE	EN IN PART 1(a) 19.	PERFORMED?
13					-					YI	S NO D
146	PRIMARY OF CON CAUSE OF DEATH.	SE WAS ITRIBUTING [] 201	DESCRIBE	HOW INJURY OCCU	RRED (Ente	er noture of ii	igary in Port	Lor Fort II of	item 1#)		
- 3											
ASSICAL	20c. TIME OF INJUR	Y Month, Day, Yea			De PLACE fectory	Of INJURY (Home, form	20f. (City o	r fown)	(County)	(Slote)
271	Plour a, m.	19	While of work	k Not while	, ,			1			
	21. I certify th	ot I took charge	of the re	emoins describe	d obove	, held an	Autopsy	/ . Ins	pection X,	Inquiry A.	and in my
	opinion death	resulted from: N	laturol co	ouses 📆 . Acci	dent [7]	. Suicid	e 🗀 .	domicide [7. Undeler	mined manner	
	Ι' Λ			/	t-mi	,	' استا			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ACTUAL SIGNATURE	om J.	Ma	loner		CHIEF A	AEDICAL EX.	AMINER 🗍			DATE SIGNED
	1				*		NT MEDICA	AL EXAMINER	Fob	minmer 17	1959
	EXAMINER'S NAME (Type)	John T N	A cons	T M		DEPUTY	MEDICAL E	EXAMINER 1	reu	ruary 17,	1727
23	20 BURIAL CREMAT OF		alone	ZZC. NAME OF CEMET	ERY OR CE			<u></u>	ON (City, town, o	r county)	(Stote)
	THOY'Y (ST 17)	2/20/59		Ft. Line					ar Manor	,,	Md.
23	3. FUNERAL DIRECTOR'S		1,		Ave.		240 REC'E	D BY PEGISTRA	R 24b. REGIS	TRAR'S SIGNATURE	
I	Gasch's	C		rille. Md.				B 1 9 '59		one & It all	



VS A1S (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

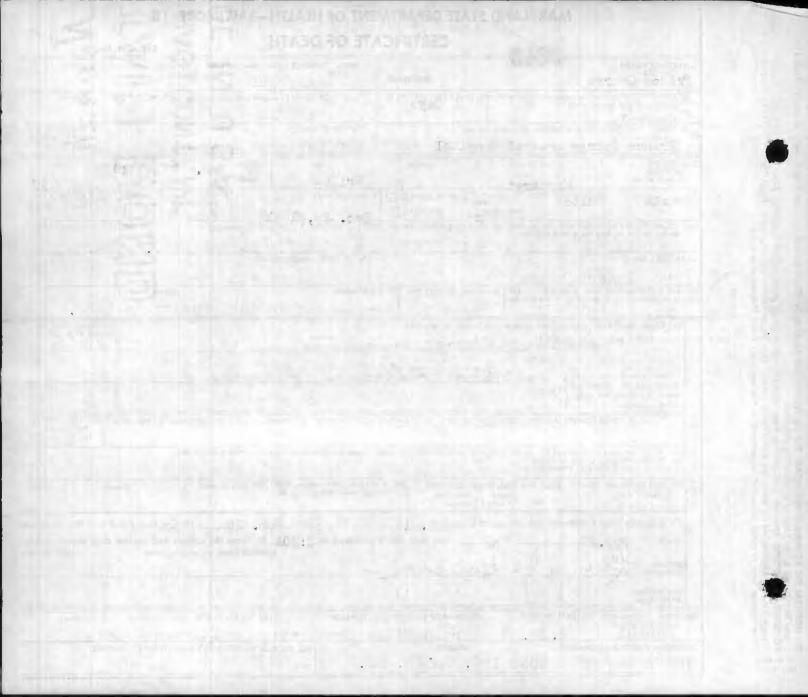
	224	2	CERTIFIC	ATE OF DEAT	ľH	Reg. Di		400
1. PLACE OF DEATH o. COUNTY Prince	Georges		MARYLAND	2. USUAL RESIDENCE (Where deceased lived	. If institution Resider b. COUNTYPTANC	nce before admis	
	outside corporate limitarest town)	ls, write	c. LENGTH OF STAY IN 16		If outside corporate li	mits, write RURAL and	give nearest tow	m}
	AL (If not in hospital, g			d STREET ADDRESS		Road	ON.	S DENCE A FARM?
3 NAME OF DECEASED (Type or print)	Mary J	5†	Middle	Willett	4 DATE OF DEATH	Month Feb	Day 1	Yeor 19 59
s. sex Female	6. COLOR OR RACE White	7. MARR	ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	in los	E (In years IF UNDER Labirthday) Months	Doys Hours	DER 24 HRS Min
100 USUAL OCCUPATIO during most of worki Housewife	N (Give kind of work on the life, even if retired)		NIND OF BUSINESS OR INDI NIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (Sto	MD country)	12 CI	US A	T COUNTRY
13. FATHER'S NAME	?			14. MOTHER'S MAIDEN	NAME	1		
15. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of st	CES? 16.		nformani attie Pickr	ell Oxen	Hill, Md	•	
	TH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (c)		e for (a), (b), and (c).]	Conc	+ ec	Leur	INTERVAL B	
Conditions, if on gove rise to in	mediate During	A	iguiten	sin ari	tronsel	· Reno	eNs.	
cause (o), stating the lying cause lost.) (c)		ONTRIBUTING TO DEATH BU	I NOT PELATED TO THE TER	MINIST DICEASE COL	IDITION COURS IN BAL	17-1/18 14/46	AUTORCY
CAT		1	Vickole	Mul	lita		PERF	ORMED?
5.1	i		RIBE HOW INJURY OCCURR					
20c. TIME OF INJURY Hour o.m. p. m.	Month, Day, Yea	While	UURY OCCURRED Nat while of work	LACE OF INJURY (Home, fo actory, street, affice bldg., a	etc.)	, i	County)	(Slote)
21. I certify the	at I attended the	decease , 12:2		19.52, to occurred at 1.35		71957, that I causes and an t		
ACTUAL SIGNATURE	i's Dey	eeu	ann	M.D. Hyati	ADDRESS (Street, c		2/	ATE SIGNE
PHYSICIAN'S NAME (Type)	a T.	Sec	emard.	Hyd	tteril	le my	(
220. BURIAL, CREMATION REMOVAL (Specify) Rurial	2/6/59	F	St Barnabas			City, tawn, or county)	(Sto	te)
23. FUNERAL DIRECTOR'S			ADDRESS	24a. RE	FEBY REGISTRAR	24b REGISTRAR'S SI		
F. Gas	ch's Sons	Hya	ttsville Md.	DATE		Culling	(2	



MARYLAND,	STATE D	EPARTMENT	OF HEALT	H-BALTIMORE,	18
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CERTIFICATE OF DEATH

	201	3	VEIV	111074	L OI L	- L-7-11	•		Reg. Di	st. No	14	
PLACE OF DEATH	rge	ਨ	MAI	RYLAND	O. STATE	ARYLA		d lived. If insti b. COUN		nce befo	ore admis	sion}
RURAL and give r			c. LENGTH OF STA	Y IN 16	c. CITY OR	TOWN (IF .		orate limits, writ	e RURAL and	give ne	arest law	n)
OR INSTITUTION	ITAL (If not in haspital,				407 M	ADDRESS		venue				SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fi	nst	Midd	le CL	Wright		4. DATE OF DEATH	Feb.	Agnth (20 De	Эγ	Year 19 Ko
Female	COLOR OR RACE	7. MARK	RIED NEVER MARI		DATE OF BIRT	H 188	31	9. AGE (In yet lost birthdo	y) Manths	Doys	Hours	ER 24 HRS. Min.
during most of wor HOUSEW	ION (Give kind of work rking life, even if retired IFE	dane 10b.	AT HOM			ALTI)			12. CI	TISA		COUNTRY
3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Isa	aac Fishe	r				Eliza	abeth	-	5			
IS. WAS DECEASED EV	ER IN U. S. ARMED FOI		SOCIAL SECURITY N	O. 17. INF	ORMANT			A	ddress		-	
no	()at \$10 -0 a and a	3311111	none	Ве	rnhar	dt Wi	right	Fore	est Hi	11	Md.	
Conditions, if a gave rise to couse (a), stating lying couse last.	the under-	Can Can	terio	den	see	gen	eral	ged				
CATE	HER SIGNIFICANT CON								GIVEN IN PAR	?T 1{o}	PERFC	AUTOPSY PRMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter noture o	If injury in F	Port I ar Par	1 If of item 18.)				
ZOc. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED Not while In all work	20e. PLAC factor	E OF INJURY (ry, street, affic	Home, form e bldg., etc.	, 20f. (Cit)	or lawn)	-{	Caunty)		(State)
21. I certify the alive on Fe Actual SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the		ed from Peb-			8:20A	_M, from		s and on t		ite state	
220. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 22b. DATE THEREO	OF KQ	Druid	Ridge	14-	tenv		TION (City, tow		1	(Stat	e)
23. FUNERAL DIRECTOR	R'S SIGNATURE	• 11	ADDRESS	MAUE	Come	1	D BY REGIST		GISTRAR'S SI			
HENRY SAI	NDER & SO	NS I	NC. BALT	O. MI).		B 2 4 '5	0	Irthur &		_	



hours after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Mayland June Jue 20 Brince George Co. Girliet Highter 3 your 7902 Poster-LE ZIELENSKY FRE 11 ELLA Famole Willite Dec 25 1886 73 Wardow Toland america . House Wiefe Frank Drust Ella Grust Doughter Madema Gallet Jest: 17 Candine Failure Delydration Engalisting 2 me Cenelral contains elevaria ration, 8 mm. Oyslone phintis 2/10/ 59 7/27 58/03/11/ 59
Lebin L. Dinell My 72 00 Ana Chory Carly 1/4/7